| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| DISTRICT OF NEVADA                              | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |   |   |
|-----|---|--|---|---|
|     |   | About Debtor 1:                          |   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |   |
|     | Write the name that is on   | Moises                                   |   | Yolanda                                       |
|     | your government-issued picture identification (for example, your driver's license or passport).                   | First name                               |   | First name                                    |
|     |   | Middle name                              |   | Middle name                                   |
|     | Bring your picture  | Galindo                                  |   | Lira de Galindo                               |
|     | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III)      |
|     |   |  |   |   |
| 2.  | All other names you have used in the last 8 years   |  |   |   |
|     | Include your married or maiden names.   |  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0874                              |   | xxx-xx-5575                                   |

Debtor 1 Moises Galindo
Debtor 2 Yolanda Lira de Galindo

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|--|---|---|---|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |   | I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs  |
| 5.   | Where you live  | 6300 W. Tropicana Ave, Trlr #145<br>Las Vegas, NV 89103   | If Debtor 2 lives at a different address:   |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |
|  |   | County County   | County  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|  |   |   |   |

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|     | Debtor 1 Moises Galindo Debtor 2 Yolanda Lira de Galindo  |                |   |   | Case number (if known)                        |   |   |  |
|-----|---|----------------|---|---|---|---|---|--|
| Par | t 2: Tell the Court About   | ∕our Bank      | ruptcy Ca                                   | ase   |   |   |   |  |
| 7.  | The chapter of the Bankruptcy Code you are  |                |   | orief description of each, so                                 |   |   | .C. § 342(b) for Individu                   | uals Filing for Bankruptcy   |
|     | choosing to file under  | ■ Chap         | ter 7                                       |   |   |   |   |  |
|     |   | ☐ Chap         | ter 11                                      |   |   |   |   |  |
|     |   | ☐ Chap         | ter 12                                      |   |   |   |   |  |
|     |   | ☐ Chap         | ter 13                                      |   |   |   |   |  |
| 8.  | How you will pay the fee  | abo<br>ord     | out how yo                                  | ou may pay. Typically, if you attorney is submitting you      | ou are paying                                 | the fee yourself,                       | you may pay with cash                       | r local court for more details<br>n, cashier's check, or money<br>h a credit card or check with                |
|     |   | ☐ In           | eed to pay                                  | the fee in installments.                                      |   | this option, sign                       | and attach the Applica                      | ation for Individuals to Pay   |
|     |   | ☐ I re         | equest that<br>t is not req<br>plies to you | uired to, waive your fee, a                                   | may request<br>and may do so<br>unable to pay | only if your inco<br>the fee in install | me is less than 150% (ments). If you choose | oter 7. By law, a judge may, of the official poverty line that this option, you must fill out a your petition. |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | □ No. ■ Yes.   |   |   |   |   |   |  |
|     |   |                | District                                    | Nevada  | When  | 5/31/07                                 | Case number                                 | 07-13247   |
|     |   |                | District                                    |   | When  |   | Case number                                 |  |
|     |   |                | District                                    |   | When  |   | Case number                                 |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ No<br>□ Yes. |   |   |   |   |   |  |
|     |   |                | Debtor                                      |   |   |   | Relationship to y                           | /ou  |
|     |   |                | District                                    |   | When  |   | Case number, if                             | known  |
|     |   |                | Debtor                                      |   |   |   | Relationship to y                           | /ou  |
|     |   |                | District                                    |   | When  |   | Case number, if                             | known  |
| 11. | Do you rent your residence?   | ■ No.          | Go to l                                     | ine 12.   |   |   |   |  |
|     |   | ☐ Yes.         | Has yo                                      | our landlord obtained an ev                                   | viction judgme                                | ent against you?                        |   |  |
|     |   |                |   | No. Go to line 12.  |   |   |   |  |
|     |   |                |   | Yes. Fill out <i>Initial Staten</i> this bankruptcy petition. | nent About an                                 | Eviction Judgme                         | ent Against You (Form                       | 101A) and file it as part of   |

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3/29/19 9:44AM **Moises Galindo** Debtor 1 Debtor 2 Yolanda Lira de Galindo Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? ☐ Yes. Name and location of business A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Moises Galindo
Debtor 2 Yolanda Lira de Galindo

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-11890-abl Doc 1 Entered 03/29/19 10:52:04 Page 6 of 61

|      | tor 1 Moises Galindo<br>tor 2 Yolanda Lira de C                | Galindo  |  | Case nur   | mber (if known)  |  |  |
|------|--|--|--|--|--|--|--|
| Part | 6: Answer These Ques   | tions for R  | eporting Purposes  |  |  |  |  |
| 16.  | What kind of debts do you have?                                | 16a.   |  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |  |  |  |
|      |  |  | ☐ No. Go to line 16b.  |  |  |  |  |
|      |  |  | Yes. Go to line 17.  |  |  |  |  |
|      |  | 16b.   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |  |  |  |
|      |  |  | □ No. Go to line 16c.  |  |  |  |  |
|      |  |  | ☐ Yes. Go to line 17.  |  |  |  |  |
|      |  | 16c.   | State the type of debts you owe th   | aat are not consumer debts or busi   | iness debts  |  |  |
| 17.  | Are you filing under<br>Chapter 7?                             | □ No.  | I am not filing under Chapter 7. Go  | o to line 18.  |  |  |  |
|      | Do you estimate that after any exempt property is excluded and | ■ Yes.   | I am filing under Chapter 7. Do yo are paid that funds will be available   |  | property is excluded and administrative expenses ors?                                |  |  |
|      | administrative expenses are paid that funds will               |  | No   |  |  |  |  |
|      | be available for<br>distribution to unsecured<br>creditors?    | I  | ☐ Yes  |  |  |  |  |
| 18.  | How many Creditors do you estimate that you owe?               | <b>1</b> -49   |  | <b>1</b> ,000-5,000  | <b>1</b> 25,001-50,000   |  |  |
|      |  | □ 50-99  |  | ☐ 5001-10,000  | 50,001-100,000   |  |  |
|      |  | □ 100-1<br>□ 200-9   |  | ☐ 10,001-25,000  | ☐ More than100,000   |  |  |
| 19.  | How much do you estimate your assets to be worth?              | <b>\$0 - \$</b>  | 50,000   | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |  |
|      |  | \$50,001 - \$100,000   |  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million   | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                |  |  |
|      |  |  | 001 - \$500,000<br>001 - \$1 million   | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion   |  |  |
| 20.  | How much do you  | □ \$0 - \$   | 50,000   | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion  |  |  |
|      | estimate your liabilities to be?                               |  | 001 - \$100,000  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion   |  |  |
|      |  |  | 001 - \$500,000<br>001 - \$1 million   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million  | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                            |  |  |
| Part | 7: Sign Below  |  |  |  |  |  |  |
| For  | you  | I have ex  | camined this petition, and I declare   | under penalty of perjury that the in   | formation provided is true and correct.  |  |  |
|      |  |  |  |  | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. |  |  |
|      |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).                                       |  |  |  |  |  |
|      |  | I request  | relief in accordance with the chapte   | er of title 11, United States Code,  | specified in this petition.  |  |  |
|      |  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ and 3571. |  |  |  |  |  |
|      |  |  | ses Galindo  |  | ira de Galindo   |  |  |
|      |  |  | Galindo<br>e of Debtor 1   | <b>Yolanda Lira</b><br>Signature of De   |  |  |  |
|      |  | Executed   | d on <b>March 29, 2019</b>   | Executed on  | March 29, 2019   |  |  |
|      |  | LXECULE  | MM / DD / YYYY   |  | MM / DD / YYYY   |  |  |
|      |  |  |  |  |  |  |  |

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|                      | Cas  | e 19-11090-abi Doc 1 Entered o  | 13/23/13 10.32        | 04 Fage / C             | 3/29/19 9:44AM              |
|----------------------|--|---|-----------------------|-------------------------|-----------------------------|
| Debtor 1<br>Debtor 2 | Moises Galindo<br>Yolanda Lira de G                    | Salindo   | Cas                   | e number (if known)     |                             |
|                      |  |   |                       |                         |                             |
| •                    | attorney, if you are<br>ted by one                     | I, the attorney for the debtor(s) named in this petition<br>under Chapter 7, 11, 12, or 13 of title 11, United Sta<br>for which the person is eligible. I also certify that I h | tes Code, and have    | explained the relief av | ailable under each chapter  |
| •                    | e not represented by<br>ey, you do not need<br>s page. | and, in a case in which § 707(b)(4)(D) applies, certif schedules filed with the petition is incorrect.  | y that I have no knov | ledge after an inquiry  | that the information in the |
|                      |  | /s/ Eric Palacios   | Date                  | March 29, 2019          |                             |
|                      |  | Signature of Attorney for Debtor  |                       | MM / DD / YYYY          |                             |
|                      |  | Eric Palacios 7120  |                       |                         |                             |
|                      |  | Printed name  |                       |                         |                             |
|                      |  | Eric Palacios & Associates, Ltd.  |                       |                         |                             |
|                      |  | Firm name   |                       |                         |                             |

epabk1@gmail.com

Email address

2050 S. Eastern Ave. Las Vegas, NV 89104 Number, Street, City, State & ZIP Code

7120 NV Bar number & State

Contact phone **702-444-7777** 

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in this info                       | rmation to identify your | case:              |           |                       |
|---|--------------------------|--------------------|-----------|-----------------------|
| Debtor 1                                |                          |                    |           |                       |
|   | First Name               | Middle Name        | Last Name |                       |
| Debtor 2                                | Yolanda Lira de C        | Salindo            |           |                       |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name |                       |
| United States Bankruptcy Court for the: |                          | DISTRICT OF NEVADA |           |                       |
| Case number                             |                          |                    |           | ☐ Check if this is an |
| ,                                       |                          |                    |           | amended filing        |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets  |              |                               |
|----|---|--------------|-------------------------------|
|    |   | Your as      | ssets<br>of what you own      |
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 5,120.02                      |
|    | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 5,120.02                      |
| Pa | t 2: Summarize Your Liabilities   |              |                               |
|    |   |              | <b>abilities</b><br>t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$           | 0.00                          |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 0.00                          |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 84,548.66                     |
|    | Your total liabilities  | \$           | 84,548.66                     |
| Pa | t 3: Summarize Your Income and Expenses   |              |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 2,561.63                      |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 2,318.00                      |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records  |              |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ır other sch | nedules.                      |
| 7. | ■ Yes What kind of debt do you have?  |              |                               |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or                    |

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

Debtor 1 Moises Galindo

Debtor 2 Yolanda Lira de Galindo

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,969.99

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | aim  |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following:   |         |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 0.00 |

| Fill in this inf                    | ormation to identify your case   | and this filing.   |   | 3/29/19 9:44AI                        |
|-------------------------------------|--|--|---|---------------------------------------|
| Debtor 1                            | Moises Galindo   | and this ming.   |   |                                       |
| Debtor 1                            | First Name   | Middle Name Last Name  |   |                                       |
| Debtor 2                            | Yolanda Lira de Galin  |  |   |                                       |
| (Spouse, if filing)                 | First Name   | Middle Name Last Name  |   |                                       |
| United States                       | Bankruptcy Court for the: DIS  | TRICT OF NEVADA  |   |                                       |
| Case number                         |  |  |   | ☐ Check if this is an                 |
| Cusc Humber                         |  |  |   | amended filing                        |
|                                     |  |  |   |                                       |
| Official F                          | Form 106A/B  |  |   |                                       |
| _                                   | _  |  |   |                                       |
|                                     | ule A/B: Propert   | . <b>y</b><br>s. List an asset only once. If an asset fits in more than o  |   | 12/15                                 |
| information. If n<br>Answer every q | nore space is needed, attach a sep<br>uestion.                           | possible. If two married people are filing together, both a<br>arate sheet to this form. On the top of any additional page<br>d, or Other Real Estate You Own or Have an Interest In |   |                                       |
| 1. Do you own                       | or have any legal or equitable inter                                     | est in any residence, building, land, or similar property?   |   |                                       |
| _                                   |  |  |   |                                       |
| No. Go to                           |  |  |   |                                       |
| ☐ Yes. Whe                          | re is the property?  |  |   |                                       |
| Part 2: Descri                      | be Your Vehicles   |  |   |                                       |
| 3. <b>Cars, vans</b> , □ No ■ Yes   | , trucks, tractors, sport utility \                                      | rehicles, motorcycles  | ·   |                                       |
| 3.1 Make:                           | Chevrolet  | Who has an interest in the property? Check one   | 5   |                                       |
|                                     | Silverado Truck 1500   |  | Do not deduct secured cla<br>the amount of any secure |                                       |
| Model:                              | 2D White   | Debtor 1 only  | Creditors Who Have Clair                              | ns Secured by Property.               |
| Year:                               | 2003   | Debtor 2 only  | Current value of the                                  | Current value of the                  |
|                                     | mate mileage: 240,000 formation:   | ■ Debtor 1 and Debtor 2 only   | entire property?                                      | portion you own?                      |
| Vehicle                             |  | ☐ At least one of the debtors and another  |   |                                       |
| Debtoi<br>Locati                    | or.<br>r's Possession<br>on: 6300 W. Tropicana<br>rIr #145, Las Vegas NV | ■ Check if this is community property (see instructions)   | \$1,000.00  | \$1,000.00                            |
| 00. 14.1                            | Dodge  | W  | Do not deduct secured cla                             | aims or exemptions. Put               |
| 3.2 Make:<br>Model:                 | Ram 1500 4D Green  | Who has an interest in the property? Check one  Debtor 1 only  | the amount of any secure<br>Creditors Who Have Clair  | d claims on Schedule D:               |
| Year:                               | 2002   | Debtor 2 only  |   | , , ,                                 |
|                                     | mate mileage: 230,000  | ■ Debtor 1 and Debtor 2 only   | Current value of the<br>entire property?              | Current value of the portion you own? |
|                                     | formation:   | ☐ At least one of the debtors and another  | , , ,   |                                       |
| Vehicle                             |  |  |   | _                                     |
|                                     | r's Possession   | ■ Check if this is community property  | \$1,500.00  | \$1,500.00                            |
| I                                   | on: 6300 W. Tropicana<br>rlr #145, Las Vegas NV                          | (see instructions)   |   |                                       |
| 89103                               | 170, Lus Vegas 14V   |  |   |                                       |
| -                                   |  |  |   |                                       |

| Debt<br>Debt    |   | loises Galindo<br>olanda Lira de Galindo  | Ca:  | se number (if known)     |   |
|-----------------|---|---|--|--------------------------|---|
| 3.3             | Other inf                                       | Datsun Z280 1975 nate mileage: 78,000 ormation:   | Who has an interest in the property? Check one  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                               | the amount of any se     | d claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property.  Current value of the<br>portion you own? |
|                 | Location Ave, To 89103                          | 's Possession<br>on: 6300 W. Tropicana<br>rlr #145, Las Vegas NV<br>not running, mechanical   | Check if this is community property (see instructions)   | \$800.0                  | 0 \$800.00  |
| Ex. □ □ 5 A .pa | amples: B<br>No<br>Yes<br>dd the dd<br>ages you | oats, trailers, motors, personal was been sometimed with the second section when the portion you ow have attached for Part 2. Write | and other recreational vehicles, other vehicles, and attercraft, fishing vessels, snowmobiles, motorcycle active for all of your entries from Part 2, including any that number here | ccessories y entries for | \$3,300.00  |
|                 |   | be Your Personal and Household It<br>or have any legal or equitable in  | terest in any of the following items?  |                          | Current value of the portion you own? Do not deduct secured claims or exemptions.   |
| E               |   | Furniture:  |  |                          |   |
| E               | ,   | Televisions and radios; audio, vid including cell phones, cameras, r  | W. Tropicana Ave, Trlr #145, Las Vegas NV  |                          | \$250.00 ections; electronic devices  |
|                 |   | Electronics:<br>Debtor's Posse<br>Location: 6300  | ession<br>W. Tropicana Ave, TrIr #145, Las Vegas NV  | 89103                    | \$100.00  |
| E               |   |   | prints, or other artwork; books, pictures, or other art llectibles   | objects; stamp, coin, or | baseball card collections;  |
| 9. <b>Ec</b>    | Yes. De<br>quipment<br>xamples:                 | for sports and hobbies<br>Sports, photographic, exercise, and<br>musical instruments  | nd other hobby equipment; bicycles, pool tables, golf  | clubs, skis; canoes and  | d kayaks; carpentry tools;  |

|     | ebtor 1<br>ebtor 2 | Moises Galia<br>Yolanda Lira          | ndo<br>a de Galindo              |                                | Case number (if know.                    | n)                                      |
|-----|--------------------|---------------------------------------|----------------------------------|--------------------------------|--|---|
| 10. | Firearn            | ns                                    |                                  |                                |  |   |
|     | Examp              |                                       | s, shotguns, ammunition, and     | related equipment              |  |   |
|     | ■ No □ Yes.        | Describe                              |                                  |                                |  |   |
| 11  | Clothe             | <b>c</b>                              |                                  |                                |  |   |
|     | Examp              |                                       | othes, furs, leather coats, des  | signer wear, shoes, accessor   | ies                                      |   |
|     | □ No ■ Yes         | Describe                              |                                  |                                |  |   |
|     |                    | 2000                                  |                                  |                                |  |   |
|     |                    |                                       | Clothing:<br>Debtor's Possession |                                |  |   |
|     |                    |                                       | Location: 6300 W. Trop           | picana Ave, TrIr #145, La      | as Vegas NV 89103                        | \$200.00                                |
|     |                    |                                       |                                  |                                |  |   |
| 12. | Jewelr<br>Examp    |                                       | welry, costume jewelry, enga     | gement rings, wedding rings,   | heirloom jewelry, watches, gems          | , gold, silver                          |
|     | ■ No               |                                       |                                  |                                |  |   |
|     | ⊔ Yes.             | Describe                              |                                  |                                |  |   |
| 13. |                    | rm animals<br>oles: Dogs, cats,       | birds, horses                    |                                |  |   |
|     | ■ No               | ,                                     |                                  |                                |  |   |
|     | ☐ Yes.             | Describe                              |                                  |                                |  |   |
| 14. | _ `                | her personal an                       | d household items you did        | not already list, including a  | any health aids you did not list         |   |
|     | ■ No<br>□ Yes      | Give specific inf                     | formation                        |                                |  |   |
|     | <b>—</b> 100.      | Oive opeoine in                       | omaton                           |                                |  |   |
| 15  | . Add t            | the dollar value                      | of all of your entries from P    | Part 3, including any entries  | for pages you have attached              | ¢550.00                                 |
|     | for Pa             | art 3. Write that                     | number here                      |                                |  | \$550.00                                |
| Do  | 54.4. Do           | aariba Vaur Finan                     | sial Assats                      |                                |  |   |
|     |                    | scribe Your Finan<br>vn or have any I | egal or equitable interest in    | any of the following?          |  | Current value of the                    |
|     |                    |                                       |                                  |                                |  | portion you own?  Do not deduct secured |
|     |                    |                                       |                                  |                                |  | claims or exemptions.                   |
| 16. | Cash               | -/ M                                  | hava ia vasavanallat ia vasa h   |                                | ad an band when you flavour              | tista a                                 |
|     | ■ No               | oles: Money you                       | nave in your wallet, in your no  | ome, in a sare deposit box, ar | nd on hand when you file your pe         | ution                                   |
|     | ☐ Yes              |                                       |                                  |                                |  |   |
| 17. |                    | its of money                          |                                  |                                |  |   |
|     | Examp              |                                       | avings, or other financial acco  |                                | shares in credit unions, brokerag teach. | e houses, and other similar             |
|     | □ No               |                                       |                                  | In atitution name.             |  |   |
|     | ■ Yes              |                                       |                                  | Institution name:              |  |   |
|     |                    |                                       | 17.1. Checking                   | Checking Accoun US Bank        | t ending #1611 (Joint)                   | \$9.00                                  |
|     |                    |                                       |                                  |                                |  | <u></u>                                 |
| 18. |                    |                                       | or publicly traded stocks        |                                |  |   |
|     | Examp ■ No         | oles: Bond funds,                     | , investment accounts with bro   | okerage firms, money market    | taccounts                                |   |
|     |                    |                                       | Institution or issuer            | name:                          |  |   |
| 19. | Non-pı             | ublicly traded st                     | tock and interests in incorp     | orated and unincorporated      | businesses, including an inter           | est in an LLC, partnership, and         |
|     | joint v            | renture                               |                                  |                                |  | -, p                                    |
|     | ■ No □ Yes.        | Give specific inf                     | formation about them             |                                |  |   |
| 0"  |                    |                                       | Name of entity:                  |                                | % of ownership:                          |   |
| OII | ıcıaı rom          | m 106A/B                              |                                  | Schedule A/B: Property         |  | page 3                                  |

|     | otor 1<br>otor 2      | Moises Galindo<br>Yolanda Lira de Galindo                             |  | Case number (if known)               |   |
|-----|-----------------------|---|--|--------------------------------------|---|
| 20. | Negotia               | able instruments include personal                                     | other negotiable and non-negotiable in checks, cashiers' checks, promissory note u cannot transfer to someone by signing or control transfer to some or control transfer transfer to some or control transfer transf | es, and money orders.                |   |
| ١   | No                    | <b>9</b>  | ,  | <b>3</b> · ·                         |   |
| I   | ☐ Yes. 0              | Give specific information about the<br>Issuer name                    |  |                                      |   |
| 21. |                       | ent or pension accounts<br>les: Interests in IRA, ERISA, Keog         | h, 401(k), 403(b), thrift savings accounts,  | or other pension or profit-sharing p | lans  |
|     | No                    |   |  |                                      |   |
| l   | ⊒ Yes. L              | ist each account separately.<br>Type of accou                         | nt: Institution name:  |                                      |   |
|     | Your sh<br>Example    |   | ve made so that you may continue service epaid rent, public utilities (electric, gas, w  |                                      | es, or others   |
|     | No No                 |   | Institution name or indi   | ridual.                              |   |
| -   | → Yes                 |   | Institution name or indi   | viduai:                              |   |
|     | Annuitio              | es (A contract for a periodic paym                                    | ent of money to you, either for life or for a  | number of years)                     |   |
| I   | ☐ Yes                 | lssuer name and de  | scription.   |                                      |   |
|     |                       | s in an education IRA, in an acc<br>c. §§ 530(b)(1), 529A(b), and 529 | ount in a qualified ABLE program, or u b)(1).  | nder a qualified state tuition prog  | ıram.   |
|     | ■ No<br>□ Yes         | Institution name and  | d description. Separately file the records o   | f any interests.11 U.S.C. § 521(c):  |   |
|     |                       |   | property (other than anything listed in  |                                      | cisable for your benefit  |
| _   | ■ No<br>□ Yes.        | Give specific information about th                                    | em   |                                      |   |
|     | Exampl                |   | secrets, and other intellectual property ites, proceeds from royalties and licensing   |                                      |   |
| _   | ■ No<br>□ Yes.        | Give specific information about th                                    | em   |                                      |   |
| _   |                       | es, franchises, and other generales: Building permits, exclusive lic  | I intangibles enses, cooperative association holdings, I   | iquor licenses, professional license | s   |
| ı   | ☐ Yes.                | Give specific information about th                                    | em   |                                      |   |
| Мо  | ney or p              | property owed to you?   |  |                                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| _   | Tax refu<br>⊐ No      | unds owed to you  |  |                                      |   |
|     |                       | Give specific information about the                                   | em, including whether you already filed the  | e returns and the tax years          |   |
|     |                       |   |  |                                      |   |
|     |                       |   | 2018 Tax Refund  | Federal                              | \$1,261.02  |
|     | Family s Example ■ No |   | v, spousal support, child support, mainten   | ance, divorce settlement, property s | settlement  |
|     |                       | Give specific information   |  |                                      |   |

Official Form 106A/B Schedule A/B: Property page 4

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3/29/19 9·44AM

|     |                    |   |  | 3/29/19 9:44AN             |
|-----|--------------------|---|--|----------------------------|
|     | ebtor 1<br>ebtor 2 | Moises Galindo<br>Yolanda Lira de Galindo   | Case number (if known)                           |                            |
|     | Example ■ No       | mounts someone owes you  les: Unpaid wages, disability insurance payments, disability be benefits; unpaid loans you made to someone else  Give specific information | enefits, sick pay, vacation pay, workers' compe  | nsation, Social Security   |
| 31. |                    | s in insurance policies<br>les: Health, disability, or life insurance; health savings accoun  | t (HSA); credit, homeowner's, or renter's insura | nce                        |
|     | ■ No               | , ,,  |  |                            |
|     | ☐ Yes. N           | Name the insurance company of each policy and list its value.  Company name:  | Beneficiary:                                     | Surrender or refund value: |
| 32. | If you a           | erest in property that is due you from someone who has one the beneficiary of a living trust, expect proceeds from a life ne has died.                              |  | eive property because      |
|     | _                  | Give specific information   |  |                            |
| 33. | _Examp             | against third parties, whether or not you have filed a laws<br>les: Accidents, employment disputes, insurance claims, or rigi                                       |  |                            |
|     | ■ No<br>□ Yes.     | Describe each claim   |  |                            |
| 34. | Other c            | ontingent and unliquidated claims of every nature, includ   | ing counterclaims of the debtor and rights to    | set off claims             |
|     | _                  | Describe each claim   |  |                            |
| 35. | Any fina           | ancial assets you did not already list  |  |                            |
|     | ■ No               |   |  |                            |
|     | ☐ Yes.             | Give specific information   |  |                            |
| 36  |                    | ne dollar value of all of your entries from Part 4, including<br>rt 4. Write that number here   |  | \$1,270.02                 |
| Pa  | rt 5: Des          | cribe Any Business-Related Property You Own or Have an Intere   | st In. List any real estate in Part 1.           |                            |
| 37. | _                  | wn or have any legal or equitable interest in any business-related  | I property?                                      |                            |
|     | ■ No. Go           | to Part 6.  to line 38.   |  |                            |
| Pa  |                    | cribe Any Farm- and Commercial Fishing-Related Property You C<br>u own or have an interest in farmland, list it in Part 1.  | Own or Have an Interest In.                      |                            |
| 46. | _ `                | own or have any legal or equitable interest in any farm- o  | r commercial fishing-related property?           |                            |
|     |                    | Go to line 47.  |  |                            |
| Pa  | rt 7:              | Describe All Property You Own or Have an Interest in That You   | Did Not List Above                               |                            |
| 53. |                    | have other property of any kind you did not already list? les: Season tickets, country club membership  |  |                            |
|     | _                  | Give specific information   |  |                            |
| 54  | Δdd th             | ne dollar value of all of your entries from Part 7. Write that  | t number here                                    | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

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**Moises Galindo** Debtor 1 Debtor 2 Yolanda Lira de Galindo Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 56. \$3,300.00 Part 3: Total personal and household items, line 15 57. \$550.00 Part 4: Total financial assets, line 36 58. \$1,270.02 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$5,120.02 Copy personal property total \$5,120.02 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$5,120.02

| Fill in this inforr | mation to identify your  | case:              |           |                       |
|---------------------|--------------------------|--------------------|-----------|-----------------------|
| Debtor 1            | Moises Galindo           |                    |           |                       |
|                     | First Name               | Middle Name        | Last Name |                       |
| Debtor 2            | Yolanda Lira de C        | Salindo            |           |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                       |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEVADA |           |                       |
| Case number _       |                          |                    |           | ☐ Check if this is an |
| (II KIIOWII)        |                          |                    |           | amended filing        |

### Official Form 106C

Part 1: Identify the Property You Claim as Exempt

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.                          |  |                                     |   |                                    |  |  |  |  |
|----|--|--|-------------------------------------|---|------------------------------------|--|--|--|--|
|    | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)                                       |  |                                     |   |                                    |  |  |  |  |
|    | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   |  |                                     |   |                                    |  |  |  |  |
| 2. | For any property you list on Schedule A/B  | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                     |   |                                    |  |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own   | e Amount of the exemption you claim |   | Specific laws that allow exemption |  |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Che                                 | eck only one box for each exemption.                            |                                    |  |  |  |  |
|    | 2003 Chevrolet Silverado Truck 1500<br>2D White 240,000 miles  | \$1,000.00   |                                     | \$1,000.00  | Nev. Rev. Stat. § 21.090(1)(f)     |  |  |  |  |
|    | Vehicle: Debtor's Possession Location: 6300 W. Tropicana Ave, Trlr #145, Las Vegas NV 89103 Line from Schedule A/B: 3.1    |  |                                     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | 2002 Dodge Ram 1500 4D Green<br>230,000 miles  | \$1,500.00   |                                     | \$1,500.00  | Nev. Rev. Stat. § 21.090(1)(f)     |  |  |  |  |
|    | Vehicle: Debtor's Possession Location: 6300 W. Tropicana Ave, Trlr #145, Las Vegas NV 89103 Line from Schedule A/B: 3.2    |  |                                     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | 1975 Datsun Z280 78,000 miles  | \$800.00   |                                     | \$800.00  | Nev. Rev. Stat. § 21.090(1)(z)     |  |  |  |  |
|    | Vehicle: Debtor's Possession Location: 6300 W. Tropicana Ave, Trlr #145, Las Vegas NV 89103 (Motor not running, mechanical |  |                                     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |

problem)

Line from Schedule A/B: 3.3

| Debtor<br>Debtor |   |                                      |         |   |                                    |
|------------------|---|--------------------------------------|---------|---|------------------------------------|
|                  | ief description of the property and line on chedule A/B that lists this property  | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|                  |   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|                  | urniture:<br>ebtor's Possession   | \$250.00                             |         | \$250.00  | Nev. Rev. Stat. § 21.090(1)(b)     |
| Lo<br>Tr         | crition: 6300 W. Tropicana Ave,<br>rIr #145, Las Vegas NV 89103<br>ne from <i>Schedule A/B</i> : 6.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | lectronics:<br>ebtor's Possession   | \$100.00                             |         | \$100.00  | Nev. Rev. Stat. § 21.090(1)(b)     |
| Lo<br>Tr         | crition: 6300 W. Tropicana Ave,<br>rIr #145, Las Vegas NV 89103<br>ne from <i>Schedule A/B</i> : <b>7.</b> 1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | lothing:<br>ebtor's Possession  | \$200.00                             |         | \$200.00  | Nev. Rev. Stat. § 21.090(1)(b)     |
| Lo<br>Tr         | Location: 6300 W. Tropicana Ave, FrIr #145, Las Vegas NV 89103 Line from Schedule A/B: 11.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | hecking: Checking Account ending  | \$9.00                               |         | \$7.38  | Nev. Rev. Stat. § 21.090(1)(g)     |
| U                | S Bank<br>ne from <i>Schedule A/B</i> : 17.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | hecking: Checking Account ending  | \$9.00                               |         | \$1.62  | Nev. Rev. Stat. § 21.090(1)(z)     |
| U                | S Bank<br>ne from Schedule A/B: 17.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | ederal: 2018 Tax Refund   | \$1,261.02                           |         | \$1,261.02  | Nev. Rev. Stat. § 21.090(1)(z)     |
| LII              | ile IIIIII Schedule A/B. 25.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | re you claiming a homestead exemption of the property covered by the property | B years after that for ca            | ases fi |   |                                    |

| Fill in this inform  |                   |                    |           |                                      |
|--|-------------------|--------------------|-----------|--------------------------------------|
| Debtor 1   | Moises Galindo    |                    |           |                                      |
|  | First Name        | Middle Name        | Last Name | <del>-</del>                         |
| Debtor 2   | Yolanda Lira de C | Salindo            |           |                                      |
| (Spouse if, filing)  | First Name        | Middle Name        | Last Name |                                      |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA |                   | DISTRICT OF NEVADA |           |                                      |
| Case number _  |                   |                    |           | ☐ Check if this is an amended filing |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|   | Case 13 11030 asi   | Doo'l Entered 00/20  | 120 20.02.04 1 4   | 3/29/19 9:44AM  |
|---|---|--|--|---|
| Fill in this i                                    | nformation to identify your case:   |  |  |   |
| Debtor 1  | Moises Galindo  |  |  |   |
|   |   | ddle Name Last Name  |  |   |
| Debtor 2  | Yolanda Lira de Galindo   |  |  |   |
| (Spouse if, filing                                | )) First Name Mi  | ddle Name Last Name  |  |   |
| United State                                      | es Bankruptcy Court for the: DISTR  | ICT OF NEVADA  |  |   |
| Case number                                       | er  |  |  |   |
| (if known)  |   |  |  | ☐ Check if this is an   |
|   |   |  |  | amended filing  |
| Official E  | Form 106E/F   |  |  |   |
|   | le E/F: Creditors Who Ha  | ave Unsecured Claims   |  | 12/15   |
|   | te and accurate as possible. Use Part 1 fo  |  | De de Communicación de Maria   |   |
| Schedule G: E<br>Schedule D: (<br>left. Attach th | y contracts or unexpired leases that could<br>Executory Contracts and Unexpired Leas<br>Creditors Who Have Claims Secured by P<br>e Continuation Page to this page. If you have<br>the number (if known). | es (Official Form 106G). Do not include roperty. If more space is needed, copy | any creditors with partially se<br>the Part you need, fill it out, r | ecured claims that are listed in number the entries in the boxes on the |
| Part 1: L   | ist All of Your PRIORITY Unsecured  | Claims   |  |   |
| 1. Do any c                                       | reditors have priority unsecured claims a   | against you?   |  |   |
| No. G   | o to Part 2.  |  |  |   |
| ☐ Yes.  |   |  |  |   |
| Part 2: L   | ist All of Your NONPRIORITY Unsec   | ured Claims  |  |   |
| Yes.  | ou have nothing to report in this part. Submi   |  |  |   |
| unsecure  | f your nonpriority unsecured claims in the d claim, list the creditor separately for each creditor holds a particular claim, list the other.  | claim. For each claim listed, identify what                                    | type of claim it is. Do not list cla                                 | aims already included in Part 1. If more                                |
|   |   |  |  | Total claim   |
| 4.1 <b>Aa</b> r                                   | gon Agency  | Last 4 digits of account number  | 2230   | \$350.00  |
| Non   | priority Creditor's Name  |  |  |   |
|   | n: Bankruptcy Department  | When was the debt incurred?  | Opened 01/18   |   |
|   | 68 Spring Mountain Rd<br>5 Vegas, NV 89117  |  |  |   |
|   | ber Street City State Zip Code  | As of the date you file, the claim   | is: Check all that apply   |   |
| Who   | incurred the debt? Check one.   |  |  |   |
|   | Debtor 1 only   | ☐ Contingent   |  |   |
|   | Debtor 2 only   | ☐ Unliquidated   |  |   |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |   |
|   | At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:   |   |
|   | Check if this claim is for a community  | ☐ Student loans  |  |   |
| debt  | t<br>ne claim subject to offset?  | Obligations arising out of a separeport as priority claims                     | aration agreement or divorce that                                    | at you did not  |
|   | •   | Debts to pension or profit-sharir  | ng plans, and other similar debt                                     | S   |
|   |   |  | Attorney Spring Valley   |   |
|   | res   | Other. Specify Collection  | Accorney opring valley   | ทบอทเเลเ  |

| Debtor 2 | Moises Galindo Yolanda Lira de Galindo  |  | Case number (if known)                       |          |  |  |
|----------|---|--|--|----------|--|--|
| 4.2      | Aargon Agency   | Last 4 digits of account number                              | 2180   | \$350.00 |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Department 8668 Spring Mountain Rd Las Vegas, NV 89117 | When was the debt incurred?                                  | Opened 01/18                                 |          |  |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim i                         | s: Check all that apply                      |          |  |  |
|          | Who incurred the debt? Check one.   |  |  |          |  |  |
|          | ☐ Debtor 1 only   | ☐ Contingent   |  |          |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |  |          |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |  |  |
|          | ☐ Yes   | Other. Specify Collection                                    | Attorney Spring Valley Hospital              |          |  |  |
| 4.3      | Aargon Agency Nonpriority Creditor's Name   | Last 4 digits of account number                              | 7247   | \$350.00 |  |  |
|          | Attn: Bankruptcy Department<br>8668 Spring Mountain Rd  | When was the debt incurred?                                  | Opened 05/17                                 |          |  |  |
|          | Las Vegas, NV 89117  Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |          |  |  |
|          | □ Debtor 1 only □ Contingent  |  |  |          |  |  |
|          | ■ Debtor 2 only □ Unliquidated  |  |  |          |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |  |  |
|          | ☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim:                     |  |  |          |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |  |  |
|          | Yes   | Other. Specify Collection                                    | Attorney Spring Valley Hospital              |          |  |  |
|          | Aargon Agency Nonpriority Creditor's Name   | Last 4 digits of account number                              | 1237   | \$350.00 |  |  |
|          | Attn: Bankruptcy Department<br>8668 Spring Mountain Rd  | When was the debt incurred?                                  | Opened 08/18                                 |          |  |  |
|          | Las Vegas, NV 89117  Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |          |  |  |
|          | ☐ Debtor 1 only   | ☐ Contingent   |  |          |  |  |
|          | ■ Debtor 2 only   | ☐ Unliquidated   |  |          |  |  |
|          | Debtor 1 and Debtor 2 only  | Disputed   |  |          |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |  |  |
|          | debt  |  | ration agreement or divorce that you did not |          |  |  |
|          | Is the claim subject to offset?   | report as priority claims                                    |  |          |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharin                          |  |          |  |  |
|          | Yes   | Other. Specify Collection                                    | Attorney Spring Valley Hospital              |          |  |  |

| Debto<br>Debto | r 1 Moises Galindo<br>r 2 Yolanda Lira de Galindo   |  | Case number (if known)                       |   |
|----------------|---|--|--|---|
| 4.5            | Aargon Agency   | Last 4 digits of account number                              | 5241   | \$350.00                                |
|                | Nonpriority Creditor's Name Attn: Bankruptcy Department 8668 Spring Mountain Rd Las Vegas, NV 89117 | When was the debt incurred?                                  | Opened 12/18                                 | • |
|                | Number Street City State Zip Code   | As of the date you file, the claim                           | s: Check all that apply                      |   |
|                | Who incurred the debt? Check one.   |  |  |   |
|                | Debtor 1 only   | ☐ Contingent   |  |   |
|                | Debtor 2 only   | ☐ Unliquidated   |  |   |
|                | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |   |
|                | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |   |
|                | ☐ Check if this claim is for a community  | ☐ Student loans  |  |   |
|                | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |   |
|                | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |   |
|                | Yes   | Other. Specify Collection                                    | Attorney Spring Valley Hospital              |   |
| 4.6            | Aargon Agency Nonpriority Creditor's Name   | Last 4 digits of account number                              | 1788   | \$150.00                                |
|                | Attn: Bankruptcy Department<br>8668 Spring Mountain Rd  | When was the debt incurred?                                  | Opened 10/17                                 |   |
|                | Las Vegas, NV 89117  Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |   |
|                | Debtor 1 only   |  |  |   |
|                | <u> </u>  | ☐ Contingent   |  |   |
|                | Debtor 2 only   | ☐ Unliquidated   |  |   |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                    | I alaim.                                     |   |
|                | At least one of the debtors and another   | Student loans  | i Claiiii.                                   |   |
|                | ☐ Check if this claim is for a community debt Is the claim subject to offset?                       | _  | ration agreement or divorce that you did not |   |
|                | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |   |
|                | ☐ Yes   | ·  | Attorney Desert Springs Hospital             |   |
|                |   | — Other, Specify   |  |   |
| 4.7            | Aargon Agency Nonpriority Creditor's Name   | Last 4 digits of account number                              | 2184   | \$125.00                                |
|                | Attn: Bankruptcy Department<br>8668 Spring Mountain Rd  | When was the debt incurred?                                  | Opened 01/18                                 |   |
|                | Las Vegas, NV 89117  Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |   |
|                | Debtor 1 only   | Пол  |  |   |
|                | _   | ☐ Contingent   |  |   |
|                | Debtor 2 only   | ☐ Unliquidated   |  |   |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                     |   |
|                | At least one of the debtors and another   | Student loans  | a ciumi.                                     |   |
|                | ☐ Check if this claim is for a community debt   | _  | ration agreement or divorce that you did not |   |
|                | Is the claim subject to offset?   | report as priority claims                                    | radion agreement or divorce that you did not |   |
|                | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |   |
|                | ☐ Yes   | Other. Specify     Collection A                              | Attorney Spring Valley Hospital              |   |
|                |   |  | <u> </u>                                     |   |

| Debtor 2 | Moises Galindo Yolanda Lira de Galindo  |   | Case number (if known)                       |             |
|----------|---|---|--|-------------|
| 4.8      | Ad Astra Recovery   | Last 4 digits of account number                               | 3862   | \$79.00     |
|          | Nonpriority Creditor's Name 7330 West 33rd Street North Suite 118                       | When was the debt incurred?                                   | Opened 07/15                                 | <del></del> |
| _        | Wichita, KS 67205  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |             |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |             |
|          | Debtor 2 only   | ☐ Unliquidated  |  |             |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |             |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |
|          | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |             |
|          | No  | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts             |             |
|          | Yes   | Other. Specify Collection                                     | Attorney Rapid Cash 33                       |             |
|          | Allied Collection Services Nonpriority Creditor's Name                                  | Last 4 digits of account number                               | 8101   | \$2,456.00  |
|          | Attn: Bankruptcy<br>3080 South Durango Drive Suite 208<br>Las Vegas, NV 89117           | When was the debt incurred?                                   | Opened 10/18 Last Active 09/18               |             |
|          | Number Street City State Zip Code   | As of the date you file, the claim i                          | s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.   |   |  |             |
|          | Debtor 1 only   | ☐ Contingent  |  |             |
|          | Debtor 2 only   | ☐ Unliquidated  |  |             |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |             |
|          | ☐ Check if this claim is for a community debt   |   | ration agreement or divorce that you did not |             |
|          | Is the claim subject to offset?   | report as priority claims                                     |  |             |
|          | No  | Debts to pension or profit-sharin                             | <b>51</b> ,                                  |             |
|          | Yes   | Other. Specify Collection                                     | Attorney Sprint                              |             |
|          | Capital One Nonpriority Creditor's Name   | Last 4 digits of account number                               | 6175   | \$1,125.00  |
|          | Attn: Bankruptcy<br>Po Box 30285<br>Salt Lake City, UT 84130                            | When was the debt incurred?                                   | Opened 11/13 Last Active 8/17/18             |             |
| =        | Number Street City State Zip Code   | As of the date you file, the claim i                          | s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.   |   |  |             |
|          | Debtor 1 only   | ☐ Contingent  |  |             |
|          | Debtor 2 only   | ☐ Unliquidated  |  |             |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |             |
|          | ■ Check if this claim is for a community  | ☐ Student loans   |  |             |
|          | debt<br>Is the claim subject to offset?   | report as priority claims                                     | ration agreement or divorce that you did not |             |
|          | No  | Debts to pension or profit-sharing                            | g plans, and other similar debts             |             |
|          | Yes   | Other. Specify Credit Card                                    | <u> </u>                                     |             |

| Debtor 2 | <ul><li>Moises Galindo</li><li>Yolanda Lira de Galindo</li></ul>               | Case number (if known)                    |  |   |
|----------|--|---|--|---|
|          | Cc Coll Svc  | Last 4 digits of account number           | 5068   | \$2,342.00                              |
|          | Nonpriority Creditor's Name<br>8860 W Sunset Rd Ste 100<br>Las Vegas, NV 89148 | When was the debt incurred?               | Opened 4/05/18                               |   |
| _        | Number Street City State Zip Code  | As of the date you file, the claim i      | s: Check all that apply                      |   |
|          | Who incurred the debt? Check one.  ☐ Debtor 1 only                             |   |  |   |
|          |  | ☐ Contingent                              |  |   |
|          | Debtor 2 only  | ☐ Unliquidated                            |  |   |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured | d claim:                                     |   |
|          | At least one of the debtors and another  | Student loans                             | d Claim.                                     |   |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | _   | ration agreement or divorce that you did not |   |
|          | ■ No   | Debts to pension or profit-sharing        | g plans, and other similar debts             |   |
|          | Yes  | ■ Other Specify 12 Dollar Lo              |  |   |
| 4.1      | Check City   | Last 4 digits of account number           | 1899   | \$2,401.70                              |
| <u>-</u> | Nonpriority Creditor's Name POB 35227  | When was the debt incurred?               | 2005   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| -        | Las Vegas, NV 89133-5227  Number Street City State Zip Code                    | As of the date you file the plains        | a. Chaele all that apply                     |   |
|          | Who incurred the debt? Check one.  | As of the date you file, the claim        | s: Спеск ан that арргу                       |   |
|          | ☐ Debtor 1 only  | Пол                                       |  |   |
|          | ☐ Debtor 2 only  | Contingent                                |  |   |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Unliquidated                            |  |   |
|          | ☐ At least one of the debtors and another                                      | ☐ Disputed  Type of NONPRIORITY unsecured | 1 claim:                                     |   |
|          | _  | ☐ Student loans                           | . oldiiii.                                   |   |
|          | ■ Check if this claim is for a community debt Is the claim subject to offset?  | _   | ration agreement or divorce that you did not |   |
|          | ■ No   | Debts to pension or profit-sharin         | g plans, and other similar debts             |   |
|          | Yes  | ■ Other. Specify Pay Day Lo               | an   |   |
|          | Clinical Pathology Laboratories, Inc   | Last 4 digits of account number           | 1979   | \$1,354.94                              |
|          | Nonpriority Creditor's Name PO Box 141669 Austin, TX 78714-1669                | When was the debt incurred?               | 02/16/2018                                   |   |
|          | Number Street City State Zip Code  | As of the date you file, the claim        | s: Check all that apply                      |   |
|          | Who incurred the debt? Check one.  |   |  |   |
|          | Debtor 1 only  | ☐ Contingent                              |  |   |
|          | Debtor 2 only  | ☐ Unliquidated                            |  |   |
|          | ■ Debtor 1 and Debtor 2 only   | Disputed                                  |  |   |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured             | d claim:                                     |   |
|          | ■ Check if this claim is for a community                                       | ☐ Student loans                           |  |   |
|          | debt Is the claim subject to offset?   | report as priority claims                 | ration agreement or divorce that you did not |   |
|          | ■ No   | Debts to pension or profit-sharing        |  |   |
|          | Yes  | ■ Other. Specify Medical Bil              | ls   |   |

| Cnac- Nv101   | Last 4 digits of account number                              | 0616  | \$0.00           |
|---|--|---|------------------|
| Nonpriority Creditor's Name  3105 E Sahara Ave  | When was the debt incurred?                                  | Opened 09/07 Last Active 12/10                |                  |
| Las Vegas, NV 89119  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |                  |
| ☐ Debtor 1 only ☐ Debtor 2 only   | Contingent   |   |                  |
| Debtor 1 and Debtor 2 only  | ☐ Unliquidated   |   |                  |
| ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                      |                  |
| Check if this claim is for a community  | ☐ Student loans  |   |                  |
| debt Is the claim subject to offset?  | report as priority claims                                    | aration agreement or divorce that you did not |                  |
| No  | Debts to pension or profit-sharing                           |   |                  |
| Yes   | Other. Specify Automobile                                    | 9   |                  |
| Conns Credit Corp   | Last 4 digits of account number                              | 5031  | \$3,778.0        |
| Nonpriority Creditor's Name   | When was the debt incurred?                                  | Opened 03/16 Last Active 6/27/18              |                  |
| Number Street City State Zip Code   | As of the date you file, the claim                           | is: Check all that apply                      |                  |
| Who incurred the debt? Check one.  ☐ Debtor 1 only  |  |   |                  |
| •   | ☐ Contingent   |   |                  |
| Debtor 2 only   | ☐ Unliquidated   |   |                  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                    | d alaim.                                      |                  |
| At least one of the debtors and another   | Student loans  | u ciaiiii.                                    |                  |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?            |  | aration agreement or divorce that you did not |                  |
| ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |                  |
| ☐ Yes   | Other Specify Secured  |   |                  |
| Conns Credit Corp   | Last 4 digits of account number                              | 5030  | \$1,661.0        |
| Nonpriority Creditor's Name   | Last 4 digits of account number                              |   | <b>V</b> 1,00110 |
| Box 2356<br>Beaumont, TX 77704  | When was the debt incurred?                                  | Opened 12/15 Last Active 6/27/18              |                  |
| Number Street City State Zip Code Who incurred the debt? Check one.                       | As of the date you file, the claim                           | is: Check all that apply                      |                  |
| ☐ Debtor 1 only   | ☐ Contingent   |   |                  |
| Debtor 2 only   | ☐ Unliquidated   |   |                  |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |   |                  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |                  |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |                  |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                  |
| ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                  |
| Yes   | Other. Specify Secured                                       |   |                  |

| Conns Credit Corp  | Last 4 digits of account number                            | 5430  | \$0.0   |
|--|--|---|---------|
| Nonpriority Creditor's Name  |  | Opened 12/15 Last Active                      |         |
| Box 2356<br>Beaumont, TX 77704                                       | When was the debt incurred?                                | 3/28/18                                       |         |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |         |
| Debtor 1 only  | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                      |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |         |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |         |
| Yes  | Other. Specify Secured                                     |   |         |
| Credence Resource Management   | Last 4 digits of account number                            | 8512  | \$154.0 |
| Nonpriority Creditor's Name  | _  |   | · ·     |
| Po Box 2300<br>Southgate, MI 48195                                   | When was the debt incurred?                                | Opened 10/17                                  |         |
| Number Street City State Zip Code                                    | As of the date you file, the claim                         | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                                    |  |   |         |
| Debtor 1 only  | ☐ Contingent   |   |         |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               | d claim:                                      |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |         |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |         |
| Yes  | Other. Specify Collection                                  | Attorney Att Mobility                         |         |
| Credit Collection Services   | Last 4 digits of account number                            | 8628  | \$60.0  |
| Nonpriority Creditor's Name  | _  |   | ·       |
| Attn: Bankruptcy 725 Canton St                                       | When was the debt incurred?                                | Opened 11/15                                  |         |
| Norwood, MA 02062  |  |   |         |
| Number Street City State Zip Code                                    | As of the date you file, the claim                         | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                                    |  |   |         |
| Debtor 1 only  | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |         |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                              | d claim:                                      |         |
| ☐ Check if this claim is for a community                             | Student loans  |   |         |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| No   | Debts to pension or profit-sharin                          | ng plans, and other similar debts             |         |
| — 110  | ·  | Attorney Infinity Auto Insurance              |         |
| Yes  | Other. Specify Compan                                      |   |         |

| Credit One Bank   | Last 4 digits of account number                              | 6729  | \$0.0   |
|---|--|---|---------|
| Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873                      | When was the debt incurred?                                  | Opened 01/18 Last Active 5/14/18              |         |
| Las Vegas, NV 89193  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |         |
| ■ Debtor 1 only   | ☐ Contingent   |   |         |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |         |
| Check if this claim is for a community debt   |  | aration agreement or divorce that you did not |         |
| Is the claim subject to offset?   | report as priority claims                                    |   |         |
| ■ No  | Debts to pension or profit-sharin                            |   |         |
| Yes   | Other. Specify Credit Card                                   | <u> </u>                                      |         |
| Dish Network  | Last 4 digits of account number                              | 5778  | \$233.6 |
| Nonpriority Creditor's Name POB 7203 Pasadena, CA 91109-7303                              | When was the debt incurred?                                  | 2018  |         |
| Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim i                         | is: Check all that apply                      |         |
| Debtor 1 only   | ☐ Contingent   |   |         |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |         |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |         |
| ■ Check if this claim is for a community  | ☐ Student loans  |   |         |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |         |
| Yes   | Other. Specify Service                                       |   |         |
| Dollar Loan Center  | Last 4 digits of account number                              | 7487  | \$0.0   |
| Nonpriority Creditor's Name Attn: Bankruptcy 8860 West Sunset Road Las Vegas, NV 89148    | When was the debt incurred?                                  | Opened 5/26/17 Last Active 9/29/17            |         |
| Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim i                         | is: Check all that apply                      |         |
| ☐ Debtor 1 only   | ☐ Contingent   |   |         |
| ■ Debtor 2 only   | ☐ Unliquidated   |   |         |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |         |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |         |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| ■ No  | Debts to pension or profit-sharin                            | ng plans, and other similar debts             |         |
|   |  |   |         |

| Dollar Loan Center  | Last 4 digits of account number                               | 5473  | \$0.    |
|---|---|---|---------|
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>8860 West Sunset Road<br>Las Vegas, NV 89148 | When was the debt incurred?                                   | Opened 1/06/17 Last Active 5/26/17            |         |
| Number Street City State Zip Code   | As of the date you file, the claim i                          | is: Check all that apply                      |         |
| Who incurred the debt? Check one.   |   |   |         |
| Debtor 1 only   | ☐ Contingent  |   |         |
| ■ Debtor 2 only   | ☐ Unliquidated  |   |         |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |         |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not |         |
| ■ No  | Debts to pension or profit-sharin                             | ng plans, and other similar debts             |         |
| Yes   | Other. Specify Unsecured                                      |   |         |
|   |   | <b>-</b>                                      |         |
| Dollar Loan Center Nonpriority Creditor's Name  | Last 4 digits of account number                               | 4025  | \$0     |
| Attn: Bankruptcy<br>8860 West Sunset Road<br>Las Vegas, NV 89148                                | When was the debt incurred?                                   | Opened 10/14/16 Last Active 1/06/17           |         |
| Number Street City State Zip Code   | As of the date you file, the claim i                          | is: Check all that apply                      |         |
| Who incurred the debt? Check one.   |   |   |         |
| ☐ Debtor 1 only   | ☐ Contingent  |   |         |
| Debtor 2 only   | ☐ Unliquidated  |   |         |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |         |
| debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not |         |
| ■ No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |         |
| Yes   | Other. Specify Unsecured                                      |   |         |
| Dollar Loan Center  | Last 4 digits of account number                               | 2177  | \$2,428 |
| Nonpriority Creditor's Name Attn: Bankruptcy 8860 West Sunset Road                              | When was the debt incurred?                                   | Opened 6/10/16 Last Active 10/14/16           |         |
| Las Vegas, NV 89148 Number Street City State Zip Code   | As of the date you file, the claim i                          | is: Check all that apply                      |         |
| Who incurred the debt? Check one.   | <b>,</b>  |   |         |
| Debtor 1 only   | ☐ Contingent  |   |         |
| ■ Debtor 2 only   | ☐ Unliquidated  |   |         |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |         |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |         |
| ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts              |         |
| Yes   | ■ Other. Specify Unsecured                                    |   |         |

| Dollar Loan Center  | Last 4 digits of account number                               | 5222  | \$0   |
|---|---|---|-------|
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>8860 West Sunset Road<br>Las Vegas, NV 89148 | When was the debt incurred?                                   | Opened 3/30/16 Last Active 6/10/16            |       |
| Number Street City State Zip Code   | As of the date you file, the claim i                          | is: Check all that apply                      |       |
| Who incurred the debt? Check one.   |   |   |       |
| Debtor 1 only   | ☐ Contingent  |   |       |
| Debtor 2 only   | ☐ Unliquidated  |   |       |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |       |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |       |
| Check if this claim is for a community  | ☐ Student loans   |   |       |
| debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not |       |
| No  | Debts to pension or profit-sharin                             | ng plans, and other similar debts             |       |
| Yes   | Other. Specify Unsecured                                      |   |       |
| Dollar Loan Center  | Last 4 digits of account number                               | 0834  | \$0   |
| Nonpriority Creditor's Name   | _   | Omenad 40/44/45 Least Active                  |       |
| Attn: Bankruptcy<br>8860 West Sunset Road<br>Las Vegas, NV 89148                                | When was the debt incurred?                                   | Opened 12/14/15 Last Active 3/30/16           |       |
| Number Street City State Zip Code   | As of the date you file, the claim i                          | is: Check all that apply                      |       |
| Who incurred the debt? Check one.   |   |   |       |
| Debtor 1 only   | ☐ Contingent  |   |       |
| Debtor 2 only   | ☐ Unliquidated  |   |       |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |       |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |       |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |       |
| debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |       |
| No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |       |
| ☐ Yes   | Other. Specify Unsecured                                      |   |       |
| Easy Advance  | Last 4 digits of account number                               | 0874  | Unkno |
| Nonpriority Creditor's Name   |   |   |       |
| c/o Republic Bank & Trust<br>Company  | When was the debt incurred?                                   | xxx-xx-5575                                   |       |
| 601 West Market Street<br>Louisville, KY 40202  |   |   |       |
| Number Street City State Zip Code   | As of the date you file, the claim i                          | is: Check all that apply                      |       |
| Who incurred the debt? Check one.   | ,   |   |       |
| Debtor 1 only   | ☐ Contingent  |   |       |
| Debtor 2 only   | ☐ Unliquidated  |   |       |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |       |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                      |       |
| Check if this claim is for a community  | ☐ Student loans   |   |       |
| debt Is the claim subject to offset?  |   | aration agreement or divorce that you did not |       |
| ■ No  | Debts to pension or profit-sharin                             | ng plans, and other similar debts             |       |
| ■ No  | ■ Other. Specify Pay Day Lo                                   |   |       |

| Debtor<br>Debtor | 11 Moises Galindo<br>12 Yolanda Lira de Galindo   |   | Case number (if known)                       |          |  |
|------------------|---|---|--|----------|--|
| 4.2<br>9         | Fingerhut   | Last 4 digits of account number   | 6986   | \$0.00   |  |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395                          | When was the debt incurred?   | Opened 12/17 Last Active 07/18               |          |  |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim i  | s: Check all that apply                      |          |  |
|                  | ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured         | d claim:                                     |          |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset?                           | Student loans   | ration agreement or divorce that you did not |          |  |
|                  | ■ No □ Yes  | ☐ Debts to pension or profit-sharin  ☐ Other. Specify  ☐ Charge Acc           |  |          |  |
| 4.3              | First Premier Bank  | Last 4 digits of account number   | 5453   | \$584.00 |  |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117                          | When was the debt incurred?   | Opened 01/18 Last Active 4/30/18             |          |  |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.                                     | As of the date you file, the claim i  | s: Check all that apply                      |          |  |
|                  | ■ Debtor 1 only   | ☐ Contingent  |  |          |  |
|                  | Debtor 2 only   | ☐ Unliquidated  |  |          |  |
|                  | Debtor 1 and Debtor 2 only  | Disputed  |  |          |  |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |          |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset?                           | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |          |  |
|                  | No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |          |  |
|                  | ☐ Yes   | ■ Other. Specify Credit Card  |  |          |  |
| 4.3              | Genesis Bc/celtic Bank  | Last 4 digits of account number   | 7873   | \$0.00   |  |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy 268 South State Street Ste 300 Salt Lake City, UT 84111    | When was the debt incurred?   | Opened 1/15/18 Last Active 04/18             |          |  |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim i  | s: Check all that apply                      |          |  |
|                  | Debtor 1 only   | ☐ Contingent  |  |          |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated  |  |          |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |          |  |
|                  | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |          |  |
|                  | ☐ Check if this claim is for a community  | Student loans   |  |          |  |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims                | ration agreement or divorce that you did not |          |  |
|                  | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts             |          |  |
|                  | ☐ Yes   | ■ Other Specify Credit Card   | I  |          |  |
|                  |   |   | <del></del>                                  |          |  |

| Debte<br>Debte | or 1 Moises Galindo or 2 Yolanda Lira de Galindo   |  | Case number (if known)                       |          |
|----------------|--|--|--|----------|
| 4.3<br>2       | InBox Loan   | Last 4 digits of account number                              | 5575   | \$700.00 |
|                | Nonpriority Creditor's Name PO Box 881   | When was the debt incurred?                                  | 2017   |          |
|                | Santa Rosa, CA 95402  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |          |
|                | Debtor 1 only  |  |  |          |
|                | Debtor 2 only  | ☐ Contingent   |  |          |
|                | ■ Debtor 1 and Debtor 2 only   | ☐ Unliquidated   |  |          |
|                | ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecure                     | d claim:                                     |          |
|                | <u> </u>   | Student loans  | d Claim.                                     |          |
|                | Check if this claim is for a community<br>debt<br>Is the claim subject to offset?          |  | ration agreement or divorce that you did not |          |
|                | No   | Debts to pension or profit-sharing                           | o plans, and other similar debts             |          |
|                |  |  |  |          |
|                | Yes  | Other. Specify Pay Day Lo                                    | an   |          |
| 4.3<br>3       | Loan Max   | Last 4 digits of account number                              | 0874   | \$800.00 |
|                | Nonpriority Creditor's Name 3420 Desert Inn Rd Las Vegas, NV 89119                         | When was the debt incurred?                                  | 2018   |          |
|                | Number Street City State Zip Code  | As of the date you file, the claim                           | is: Check all that apply                     |          |
|                | Who incurred the debt? Check one.  |  |  |          |
|                | Debtor 1 only  | ☐ Contingent   |  |          |
|                | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|                | ■ Check if this claim is for a community   | ☐ Student loans  |  |          |
|                | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|                | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|                | Yes  | Other. Specify Title Loan                                    |  |          |
| 4.3            | LVNV Funding/Resurgent Capital  Nonpriority Creditor's Name                                | Last 4 digits of account number                              | 6729   | \$594.00 |
|                | Attn: Bankruptcy<br>Po Box 10497   | When was the debt incurred?                                  | Opened 09/18 Last Active 02/18               |          |
|                | Greenville, SC 29603  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |          |
|                | Debtor 1 only  | ☐ Contingent   |  |          |
|                | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|                | ☐ Check if this claim is for a community   | Student loans  |  |          |
|                | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |
|                | No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |          |
|                | ☐ Yes  |  | Company Account Credit One                   |          |
|                | 55   | Balik N.A.   |  |          |

| Debtor 2<br>Debtor 2 | Moises Galindo Yolanda Lira de Galindo  |   | Case number (if known)   |            |
|----------------------|---|---|--|------------|
| ' 1                  | MidAmerica Bank & Trust Company   | Last 4 digits of account number                                 | 1319   | \$460.00   |
|                      | Nonpriority Creditor's Name Attn: Bankruptcy 216 West Second St Dixon, MO 65459         | When was the debt incurred?                                     | Opened 07/17 Last Active 03/18   |            |
| _                    | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim                              | is: Check all that apply   |            |
|                      | Debtor 1 only   | ☐ Contingent  |  |            |
|                      | Debtor 2 only   | Unliquidated  |  |            |
|                      | Debtor 1 and Debtor 2 only  | Disputed  | d alatas   |            |
|                      | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                   | d claim:   |            |
|                      | Check if this claim is for a community debt   |   | aration agreement or divorce that you did not  |            |
|                      | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharin    | and the second setting of the second second setting of the second |            |
|                      | ■ No  |   |  |            |
|                      | Yes   | Other. Specify Credit Card                                      | <u>1</u>   |            |
| 3                    | Money Tree  | Last 4 digits of account number                                 | 5575   | \$500.00   |
|                      | Nonpriority Creditor's Name POB 58363   | When was the debt incurred?                                     | 2005   |            |
|                      | Seattle, WA 98138  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                              | is: Check all that apply   |            |
|                      | ☐ Debtor 1 only   |   |  |            |
|                      | ☐ Debtor 2 only   | Contingent  |  |            |
|                      | ■ Debtor 1 and Debtor 2 only  | Unliquidated  |  |            |
|                      | •   | ☐ Disputed  |  |            |
|                      | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                   | d claim:   |            |
|                      | Check if this claim is for a community debt   |   | aration agreement or divorce that you did not  |            |
|                      | Is the claim subject to offset?   | report as priority claims                                       |  |            |
|                      | ■ No □ Yes  | □ Debts to pension or profit-sharin □ Other. Specify Pay Day Lo |  |            |
|                      |   | — Other. Specify  |  |            |
|                      | Oportun Nonpriority Creditor's Name   | Last 4 digits of account number                                 | 1967   | \$6,112.00 |
|                      | Attn: Bankruptcy Po Box 4085 Menlo Park, CA 94026                                       | When was the debt incurred?                                     | Opened 9/22/18 Last Active 1/21/19   |            |
|                      | Number Street City State Zip Code   | As of the date you file, the claim i                            | is: Check all that apply   |            |
|                      | Who incurred the debt? Check one.   |   |  |            |
|                      | Debtor 1 only   | ☐ Contingent  |  |            |
|                      | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |
|                      | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|                      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                   | d claim:   |            |
|                      | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |
|                      | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not  |            |
|                      | ■ No  | Debts to pension or profit-sharing                              | ng plans, and other similar debts  |            |
|                      | □Yes  | ■ Other. Specify Unsecured                                      |  |            |

| btor 1 Moises Galindo btor 2 Yolanda Lira de Galindo                |  | Case number (if known)                        |        |
|---|--|---|--------|
| Oportun   | Last 4 digits of account number                              | 0127  | \$0.0  |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4085            | When was the debt incurred?                                  | Opened 12/04/15 Last Active 8/21/16           |        |
| Menlo Park, CA 94026  | when was the dept incurred:                                  | 0/21/10                                       |        |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |        |
| Debtor 1 only   | ☐ Contingent   |   |        |
| Debtor 2 only   | ☐ Unliquidated   |   |        |
| Debtor 1 and Debtor 2 only  | Disputed   |   |        |
| ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                      |        |
| ☐ Check if this claim is for a community                            | ☐ Student loans  |   |        |
| debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
| ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |        |
| Yes   | Other. Specify Unsecured                                     |   |        |
| Oportun   |  | 5399  | \$0.00 |
| Nonpriority Creditor's Name   | Last 4 digits of account number                              |   | Ψ0.0   |
| Attn: Bankruptcy<br>Po Box 4085                                     | When was the debt incurred?                                  | Opened 7/17/17 Last Active 9/10/18            |        |
| Menlo Park, CA 94026  Number Street City State Zip Code             | As of the date you file, the claim i                         | in Check all that apply                       |        |
| Who incurred the debt? Check one.                                   | As of the date you me, the claim                             | <b>з.</b> Спеск ан шасарру                    |        |
| ■ Debtor 1 only   | ☐ Contingent   |   |        |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |        |
| Debtor 1 and Debtor 2 only  | ·  |   |        |
| ☐ At least one of the debtors and another                           | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                      |        |
|   | ☐ Student loans  |   |        |
| ☐ Check if this claim is for a community debt                       | <u> </u>   | ration agreement or divorce that you did not  |        |
| Is the claim subject to offset?                                     | report as priority claims                                    | agreement of arrenee that you are not         |        |
| ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |        |
| Yes   | Other. Specify Unsecured                                     |   |        |
| Oportun   | Last 4 digits of account number                              | 9639  | \$0.0  |
| Nonpriority Creditor's Name   | _  |   |        |
| Attn: Bankruptcy Po Box 4085  | When was the debt incurred?                                  | Opened 8/23/16 Last Active 7/11/17            |        |
| Menlo Park, CA 94026  | when was the debt incurred:                                  | 7/11/11                                       |        |
| Number Street City State Zip Code                                   | As of the date you file, the claim                           | is: Check all that apply                      |        |
| Who incurred the debt? Check one.                                   |  |   |        |
| ■ Debtor 1 only   | ☐ Contingent   |   |        |
| Debtor 2 only   | ☐ Unliquidated   |   |        |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |        |
| $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured                                | d claim:                                      |        |
| ☐ Check if this claim is for a community                            | Student loans  |   |        |
| debt<br>Is the claim subject to offset?                             | Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not  |        |
| Is the claim subject to offset?  ■ No                               | □ Debts to pension or profit-sharin                          | on plans, and other similar debts             |        |
|   |  | אַ אָימויס, מווע טעופו אווווומו עפטנא         |        |
| ☐ Yes   | Other. Specify Unsecured                                     |   |        |

| Debtor 1<br>Debtor 2 | Moises Galindo<br>Yolanda Lira de Galindo  |  | Case number (if known)                       |            |
|----------------------|--|--|--|------------|
|                      | Progressive Leasing  | Last 4 digits of account number                            | 3497   | \$780.59   |
| 2                    | lonpriority Creditor's Name<br>256 W Data Drive<br>Draper, UT 84020                        | When was the debt incurred?                                | 10/2018                                      |            |
| N                    | Jumber Street City State Zip Code  Vho incurred the debt? Check one.                       | As of the date you file, the claim i                       | s: Check all that apply                      |            |
| [                    | Debtor 1 only  | ☐ Contingent   |  |            |
| [                    | Debtor 2 only  | ☐ Unliquidated   |  |            |
|                      | Debtor 1 and Debtor 2 only   | Disputed   |  |            |
| _                    | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|                      | ■ Check if this claim is for a community   | ☐ Student loans  |  |            |
| d                    | lebt s the claim subject to offset?  | _  | ration agreement or divorce that you did not |            |
|                      | ■ No   | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|                      | ☐ Yes  | ■ Other. Specify Lease Purc                                | 01   |            |
| -                    | Receivables Performance Mgmt   | Last 4 digits of account number                            | 9272   | \$459.00   |
| <i>F</i>             | lonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 1548                             | When was the debt incurred?                                | Opened 01/19                                 |            |
| N                    | Lynnwood, WA 98036  Jumber Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim i                       | s: Check all that apply                      |            |
|                      | Debtor 1 only  | ☐ Contingent   |  |            |
|                      | Debtor 2 only  | ☐ Unliquidated   |  |            |
| _                    | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|                      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
| _                    | Check if this claim is for a community   | ☐ Student loans  |  |            |
|                      | lebt<br>s the claim subject to offset?   | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|                      | No   | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
| [                    | Yes  | ■ Other. Specify Collection                                | Attorney Sprint                              |            |
|                      | Southwest Credit Systems   | Last 4 digits of account number                            | 4374   | \$3,155.00 |
| 4                    | lonpriority Creditor's Name<br>I120 International Parkway<br>Suite 1100                    | When was the debt incurred?                                | Opened 07/18                                 |            |
| N                    | Carrollton, TX 75007  Jumber Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                       | s: Check all that apply                      |            |
| _                    | ☐ Debtor 1 only  |  |  |            |
|                      | Debtor 2 only  | ☐ Contingent   |  |            |
| _                    | _  | ☐ Unliquidated   |  |            |
|                      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                     | ☐ Disputed  Type of NONPRIORITY unsecured                  | d claim:                                     |            |
|                      | ☐ At least one or the debtors and another  ☐ Check if this claim is for a community        | Student loans  |  |            |
| d                    | iebt<br>s the claim subject to offset?   | _  | ration agreement or divorce that you did not |            |
| ı                    | No   | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
| [                    | ☐Yes   | Other. Specify Collection                                  | Attorney T-Mobile                            |            |

| Debtor 1<br>Debtor 2 | Moises Galindo Yolanda Lira de Galindo  |   | Case number ( <sub>if known</sub> )          |             |  |  |  |  |  |
|----------------------|---|---|--|-------------|--|--|--|--|--|
| 4                    | Spring Valley Hospital Medical<br>Center  | Last 4 digits of account number   | 9858   | \$350.00    |  |  |  |  |  |
|                      | Nonpriority Creditor's Name 3075 E. Imperial Hwy Suite #200                               | When was the debt incurred?   | 08/24/2017                                   |             |  |  |  |  |  |
| _                    | Brea, CA 92821 Number Street City State Zip Code Who incurred the debt? Check one.        | As of the date you file, the claim i  | s: Check all that apply                      |             |  |  |  |  |  |
|                      | Debtor 1 only   | ☐ Contingent  |  |             |  |  |  |  |  |
|                      | Debtor 2 only   | ☐ Unliquidated  |  |             |  |  |  |  |  |
|                      | ■ Debtor 1 and Debtor 2 only  | □ Disputed  |  |             |  |  |  |  |  |
|                      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |  |  |  |
|                      | ■ Check if this claim is for a community  | ☐ Student loans   |  |             |  |  |  |  |  |
|                      | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |             |  |  |  |  |  |
|                      | ■ No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |             |  |  |  |  |  |
|                      | Yes   | Other. Specify Medical Bil  | ls   |             |  |  |  |  |  |
| 4.4                  | State Farm Insurance Company  | Last 4 digits of account number   | 474C   | \$49,731.45 |  |  |  |  |  |
|                      | Nonpriority Creditor's Name<br>c/o Law Office of Lias A. Taylor<br>5664 N. Rainbow Blvd   | When was the debt incurred?   | 01/2018                                      |             |  |  |  |  |  |
| =                    | Las Vegas, NV 89130  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  |  |             |  |  |  |  |  |
|                      | ☐ Debtor 1 only   | По ::   |  |             |  |  |  |  |  |
|                      | Debtor 2 only   | ☐ Contingent  |  |             |  |  |  |  |  |
|                      | ■ Debtor 1 and Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |  |  |  |
|                      | ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured   | 1 claim:                                     |             |  |  |  |  |  |
|                      | Check if this claim is for a community  | Student loans   | . oldiiii.                                   |             |  |  |  |  |  |
|                      | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa   |  |             |  |  |  |  |  |
|                      | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |  |             |  |  |  |  |  |
|                      | Yes   | Other. Specify Lawsuit  |  |             |  |  |  |  |  |
|                      | Us Bank   | Last 4 digits of account number   | 1983   | \$224.00    |  |  |  |  |  |
|                      | Nonpriority Creditor's Name  Pobox 5229  Cincinnati, OH 45201                             | When was the debt incurred?   | Opened 12/18 Last Active 1/15/19             |             |  |  |  |  |  |
| _                    | Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim i  | s: Check all that apply                      |             |  |  |  |  |  |
|                      | ☐ Debtor 1 only   | ☐ Contingent  |  |             |  |  |  |  |  |
|                      | ■ Debtor 2 only   | ☐ Unliquidated  |  |             |  |  |  |  |  |
|                      | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |  |  |  |  |  |
|                      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |  |  |  |
|                      | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |  |  |  |  |  |
|                      | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |  |             |  |  |  |  |  |
|                      | ■ No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |             |  |  |  |  |  |
|                      | ☐ Yes   | ■ Other Specify Unsecured   |  |             |  |  |  |  |  |
|                      |   | — Outer. Specify  |  |             |  |  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

| Debtor 2 Yolanda Lira de Galindo               |   | Case number (if known)   |  |  |  |
|--|---|--|--|--|--|
| is trying to collect from you for a debt you o | we to someone else, list the original cred<br>ebts that you listed in Parts 1 or 2, list th | that you already listed in Parts 1 or 2. For example, if a collection agency<br>litor in Parts 1 or 2, then list the collection agency here. Similarly, if you<br>e additional creditors here. If you do not have additional persons to be |  |  |  |
| Name and Address                               | On which entry in Part 1 or Part 2 or   | lid you list the original creditor?  |  |  |  |
| ERC  | Line <b>4.21</b> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |
| PO Box 57610<br>Jacksonville, FL 32241         |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·          | Last 4 digits of account number   | 5778   |  |  |  |
| Name and Address                               | On which entry in Part 1 or Part 2 o  | lid you list the original creditor?  |  |  |  |
| GC Services Ltd. Partnership                   | Line 4.16 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |
| Collection Agency Division 6330 Gulfton        |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
| Bryan, TX 77801                                | Last 4 digits of account number   | 6362   |  |  |  |
| Name and Address                               | On which entry in Part 1 or Part 2 or   | lid you list the original creditor?  |  |  |  |
| Lisa A. Taylor, Esq.                           | Line <b>4.45</b> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |
| 5664 N. Rainbow Blvd<br>Las Vegas, NV 89130    |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
|  | Last 4 digits of account number   | 474C   |  |  |  |
|  |   |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |     |  |            | То     | tal Claim |
|--------------------------|-----|--|------------|--------|-----------|
|                          | 6a. | Domestic support obligations   | 6a.        | \$     | 0.00      |
| Total                    |     |  |            |        | _         |
| claims<br>from Part 1    | 6b. | Taxes and certain other debts you owe the government   | 6b.        | \$     | 0.00      |
|                          | 6c. | Claims for death or personal injury while you were intoxicated   | 6c.        | \$     | 0.00      |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d.        | \$     | 0.00      |
|                          | 6e. | Total Priority. Add lines 6a through 6d.   | 6e.        | \$     | 0.00      |
|                          | 6f. | Student loans  | 6f.        | *      | tal Claim |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that  | 6~         | \$     | 0.00      |
|                          | 6h. | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6g.<br>6h. | Ф<br>• | 0.00      |
|                          | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                               | 6i.        | \$     | 84,548.66 |
|                          | 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j.        | \$     | 84,548.66 |

| Fill in this inform | ation to identify your | case:              |           |           |
|---------------------|------------------------|--------------------|-----------|-----------|
| Debtor 1            | Moises Galindo         |                    |           |           |
|                     | First Name             | Middle Name        | Last Name |           |
| Debtor 2            | Yolanda Lira de C      | Salindo            |           |           |
| (Spouse if, filing) | First Name             | Middle Name        | Last Name |           |
| United States Ban   | kruptcy Court for the: | DISTRICT OF NEVADA |           |           |
| Case number         |                        |                    |           | ☐ Check i |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | <u> </u>                                |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.2 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.3 | City      |              | State             | ZIF Code            |   |
| 2.0 | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.4 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | <u> </u>                                |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.5 | City      |              | Oldio             | 211 0000            |   |
|     | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | _                                       |

| Debtor 2  Moises Galindo First Name  Middle Name Last Name  Last Name   | _  |
|---|--|
| First Name Middle Name Last Name  Debtor 2 Yolanda Lira de Galindo  | _  |
| Debtor 2 Yolanda Lira de Galindo  |  |
| Totalida Elia do Gallilao   |  |
| (Spouse if, filing) First Name Middle Name Last Name  | _  |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA  | _  |
| Case number(if known)   | ☐ Check if this is an amended filing                     |
| Official Form 106H  |  |
| Schedule H: Your Codebtors  | 12/15  |
| <ul><li>ill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On to your name and case number (if known). Answer every question.</li><li>1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.</li></ul>                | the top of any Additional Pages, write                   |
| <u> </u>  |  |
| ■ No □ Yes  |  |
| 2. Within the last 8 years, have you lived in a community property state or territory? (Community p. Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisco   |  |
| <ul><li>■ No. Go to line 3.</li><li>□ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?</li></ul>   |  |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have lis Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedu out Column 2. | sted the creditor on Schedule D (Official                |
|   | he creditor to whom you owe the debt hedules that apply: |
| 3.1 Schedule  | D, line  |
| Name □ Schedule □ Schedule  |  |
| Number Street City State ZIP Code   |  |
| 3.2 ☐ Schedule  | D, line  |
|   |  |
| Name Schedule Schedule  |  |

| Fill in this information t                          | o identify your ca     | ase:                       |                                |   |
|---|------------------------|----------------------------|--------------------------------|---|
| Debtor 1  | Moises Gali            | ndo                        |                                |   |
| Debtor 2<br>(Spouse, if filing)                     | Yolanda Lira           | de Galindo                 |                                |   |
| United States Bankrup                               | tcy Court for the      | DISTRICT OF NEVAL          | DA                             |   |
| Case number (If known)                              |                        |                            | -                              | Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form                                       | <u> 1061</u>           |                            |                                | MM / DD/ YYYY   |
| Schedule I:   | Your Inc               | ome                        |                                | 12/15   |
| Part 1: Describe  1. Fill in your emploinformation. | e Employment<br>oyment |                            | Debtor 1                       | Debtor 2 or non-filing spouse   |
|   | oyment                 |                            | Debtor 1                       | Debtor 2 or non-filing spouse   |
| If you have more                                    |                        | Employment status          | ☐ Employed                     | ■ Employed  |
| attach a separate information about                 |                        | zmproyment status          | ■ Not employed                 | ☐ Not employed  |
| employers.  |                        | Occupation                 |                                | Kitchen Worker  |
| Include part-time,<br>self-employed wo              |                        | Employer's name            |                                | MGM Grand   |
| Occupation may i<br>or homemaker, if                |                        | Employer's address         |                                | 3900 Las Vegas Blvd, South<br>Las Vegas, NV 89119   |
|   |                        | How long employed t        | here?                          | 06/24/2004-Present  |
| Part 2: Give De                                     | tails About Mor        | thly Income                |                                |   |
| Estimate monthly inco                               |                        | ate you file this form. If | you have nothing to report for | or any line, write \$0 in the space. Include your non-filing  |
| If you or your non-filing                           |                        |                            | ombine the information for all | I employers for that person on the lines below. If you need   |

more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

|    |     |      | non- | filing spouse |
|----|-----|------|------|---------------|
| 2. | \$  | 0.00 | \$   | 2,969.99      |
| 3. | +\$ | 0.00 | +\$  | 0.00          |
| 4. | \$  | 0.00 | \$_  | 2,969.99      |

For Debtor 2 or

For Debtor 1

| Debt |                       | Moises Galindo<br>Yolanda Lira de Galindo   | _         |            | Case r   | number ( <i>if k</i> | now      | 'n) _    |            |                 |     |             |          |
|------|-----------------------|---|-----------|------------|----------|----------------------|----------|----------|------------|-----------------|-----|-------------|----------|
|      |                       |   |           |            | For      | Debtor 1             |          |          |            | Debto           |     |             |          |
|      | Cor                   | by line 4 here  | 4.        |            | \$       |                      | 0.0      | 0        | nor<br>\$  | : n-filing<br>2 |     | use<br>9.99 |          |
| _    |                       | *   | ٠.        |            | Ψ        | <u>'</u>             | 0.0      | <u> </u> | Ψ_         |                 | ,50 | 3.33        |          |
| 5.   | List                  | all payroll deductions:   |           |            |          |                      |          |          |            |                 |     |             |          |
|      | 5a.                   | Tax, Medicare, and Social Security deductions   | 58        |            | \$       |                      | 0.0      |          | \$_        |                 |     | 7.86        |          |
|      | 5b.                   | Mandatory contributions for retirement plans  | 5b        | Ο.         | \$       |                      | 0.0      | 0        | \$_        |                 |     | 0.00        |          |
|      | 5c.                   | Voluntary contributions for retirement plans  | 50        |            | \$       |                      | 0.0      |          | \$_        |                 |     | 0.00        |          |
|      | 5d.                   | Required repayments of retirement fund loans  | 50        |            | \$       |                      | 0.0      |          | \$_        |                 |     | 0.00        |          |
|      | 5e.                   | Insurance   | 5€        |            | \$       |                      | 0.0      |          | \$_        |                 |     | 0.00        |          |
|      | 5f.                   | Domestic support obligations  | 5f        |            | \$       |                      | 0.0      |          | \$_        |                 |     | 0.00        |          |
|      | 5g.                   | Union dues  | 50        |            | \$       |                      | 0.0      |          | \$_        |                 |     | 9.50        |          |
|      | 5h.                   | Other deductions. Specify: PAC-Union  | _ 5h<br>_ | า.+        | \$       |                      | 0.0      | +        | • \$ _     |                 |     | 1.00        |          |
| 6.   | Add                   | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |            | \$       |                      | 0.0      | 0        | \$         |                 | 40  | 8.36        |          |
| 7.   | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        |            | \$       |                      | 0.0      | 0        | \$_        | 2               | ,56 | 1.63        |          |
| 8.   | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                     |           |            |          |                      |          |          |            |                 |     |             |          |
|      |                       | monthly net income.   | 88        | a          | \$       |                      | 0.0      | 10       | \$         |                 |     | 0.00        |          |
|      | 8b.                   | Interest and dividends  | 8t        |            | \$       |                      | 0.0      |          | \$_        |                 |     | 0.00        |          |
|      | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |           |            | <u> </u> |                      | <u> </u> | <u> </u> | <b>*</b> - |                 |     | 0.00        |          |
|      |                       | settlement, and property settlement.  | 80        | <b>)</b> . | \$       | (                    | 0.0      | 0        | \$         |                 |     | 0.00        |          |
|      | 8d.                   | Unemployment compensation   | 80        |            | \$       |                      | 0.0      |          | \$         |                 |     | 0.00        |          |
|      | 8e.                   | Social Security   | 86        |            | \$       |                      | 0.0      |          | \$         |                 |     | 0.00        |          |
|      | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | e<br>8f   |            | \$       |                      | 0.0      | 0        | \$         |                 |     | 0.00        |          |
|      | 8g.                   | Pension or retirement income  | 8g        | j.         | \$       |                      | 0.0      | 0        | \$         |                 |     | 0.00        |          |
|      | 8h.                   | Other monthly income. Specify:  | _ 8h      | 1.+        | \$       |                      | 0.0      | +        | \$_        |                 |     | 0.00        |          |
| 9.   | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        |            | \$       | (                    | 0.0      | 0        | \$_        |                 |     | 0.00        |          |
| 10.  |                       | culate monthly income. Add line 7 + line 9. Ithe entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.       | \$_        |          | 0.00                 | +        | \$_      | 2,         | 561.63          | ]=[ | \$          | 2,561.63 |
| 11.  | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify: | dep       |            | -        | •                    |          |          |            | Schedul<br>11.  |     |             | 0.00     |
| 12.  |                       | I the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certailies   |           |            |          |                      |          |          |            | e.<br>12.       | \$  | i           | 2,561.63 |
|      |                       |   |           |            |          |                      |          |          |            |                 |     | ombin       |          |
| 13.  | Do :                  | you expect an increase or decrease within the year after you file this form No.   | ?         |            |          |                      |          |          |            |                 | m   | onthly      | income   |
|      |                       | Yes. Explain:   |           |            |          |                      |          |          |            |                 |     |             |          |
|      | _                     | 1 **  |           |            |          |                      |          |          |            |                 | _   |             |          |

| Debtor 1 Moises Galindo   Scores, if filmy   An amended filing   A |            |                                  |                                    |                          |   |                       |            |                |                           |
|--|------------|----------------------------------|------------------------------------|--------------------------|---|-----------------------|------------|----------------|---------------------------|
| Debtor 2   Yolanda Lira de Galindo   Spouse, if filing)   An amended filing   An appelement showing postpetition chapter   13 expenses as of the following date:   MM / DD / YYYY  |            | in this informa                  | ation to identify yo               | our case:                |   |                       |            |                |                           |
| A supplement showing postpetition chapter   13 expenses as of the following date:  | Deb        | otor 1                           | Moises Galir                       | ndo                      |   |                       | _          |                |                           |
| United States Bank-uptery Count for the: DISTRICT OF NEVADA  Official Form 106J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  The property question of the property question of the property question of the property question.  The property question of the property question of the property question of the property question.  The property question of th | Deb        | otor 2                           | Yolanda Lira                       | a de Gali                | ndo   |                       | _          | ŭ              | wing postpetition chapter |
| Case number (It known)    Comparison   Compa | (Sp        | ouse, if filing)                 |                                    | <u>. 40 Julii</u>        |   |                       | _          |                |                           |
| Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    The property is a possible for supplying correct information in fine space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    The property is a possible for supplying correct information of the property of the | Unit       | ted States Bankı                 | ruptcy Court for the               | : DISTR                  | ICT OF NEVADA   |                       |            | MM / DD / YYYY |                           |
| Official Form 106J  Schedule J: Your Expenses  Be a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question.  Part 1: Describe Your Household  1. Is this a joint case?  No. Go to line 2.  Yes. Destor 2 must file Official Form 106J-2. Expenses for Separate Household of Debtor 2.  2. Do you have dependents?  No Do not list Debtor 1 and  | 1          |                                  |                                    |                          |   |                       |            |                |                           |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:  | (If k      | nown)                            |                                    |                          |   |                       |            |                |                           |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Rart 1:  | O.         | fficial Fo                       | rm 106J                            |                          |   |                       |            |                |                           |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Rart 1:  | S          | chedule                          | J: Your                            | Expe                     | nses  |                       |            |                | 12/15                     |
| 1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No On ot list Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents? No Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Fill out this information for each dependent's relationship to Debtor 1 or Debtor 2.  Do not state the dependents names.  No Yes No Yes  3. Do your expenses include expenses of people other than yourself and your dependents?  Fait 2: Estimate Your Ongoing Monthly Expenses  Estimate Your ongoing Monthly Expenses  Estimate Your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00 4d. Homeowner's association or condominium dues   | Be<br>info | as complete ormation. If m       | and accurate as<br>ore space is ne | s possible<br>eded, atta | . If two married people ar<br>ach another sheet to this |                       |            |                |                           |
| No. Go to line 2.   Yes. Does Debtor 2 live in a separate household?   No Go to line 2.   Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.   No Go to list Debtor 1 and Go to list Debtor 1 and Go to list Debtor 2.   Do not list Debtor 1 and Go to list Debtor 2.   Do not state the dependents names.   Fill out this information for Each dependent  | Par        |                                  |                                    | ehold                    |   |                       |            |                |                           |
| ■ Yes. Does Debtor 2 live in a separate household?  ■ No   | 1.         | -                                |                                    |                          |   |                       |            |                |                           |
| No   |            |                                  |                                    | in a sanau               | roto havaahald?   |                       |            |                |                           |
| Ves. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.   |            | _                                |                                    | ın a separ               | ate nousenoid?  |                       |            |                |                           |
| 2. Do you have dependents?    No   |            |                                  | . •                                | et file Offic            | ial Form 106 L2 Evnenses                                | for Separate House    | hold of De | htor 2         |                           |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Do not state the dependents names.  Do your expenses include expenses of people other than yourself and your dependents?  Do your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  Homeowner's association or condominium dues  |            |                                  |                                    |                          | iai i 01111 1000-2, <i>Expenses</i>                     | Tor Separate House    | noid of De | DIOI Z.        |                           |
| Debtor 2. each dependent   | 2.         | Do you have                      | e dependents?                      | ■ No                     |   |                       |            |                |                           |
| dependents names.    Yes   No   No   No   No   Yes   No   No   Yes   No   No   Yes   No   Your expenses   No   Your expense |            |                                  | ebtor 1 and                        | ☐ Yes.                   |   |                       |            |                |                           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Sestimate Your Ongoing Monthly Expenses   |            |                                  |                                    |                          |   |                       |            |                | <del></del>               |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Sestimate Your Ongoing Monthly Expenses   |            | dependents                       | names.                             |                          |   |                       |            |                |                           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    An image:   |            |                                  |                                    |                          |   |                       |            |                |                           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    No  |            |                                  |                                    |                          |   |                       |            |                | _                         |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$  0.00  4b. Property, homeowner's, or renter's insurance  4c. \$  0.00  4d. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues   |            |                                  |                                    |                          |   |                       |            |                |                           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Homeowner's association or condominium dues   |            |                                  |                                    |                          |   |                       |            |                |                           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate Your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : <i>Your Income</i> (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Homeowner's association or condominium dues   |            |                                  |                                    |                          |   |                       |            |                |                           |
| Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues   | 3.         | , ,                              |                                    |                          | I <sub>No</sub>   |                       |            |                |                           |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues   |            | •                                |                                    |                          | l Yes   |                       |            |                |                           |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues   | Par        | t 2: Estim                       | ate Your Ongoi                     | ing Month                | ly Expenses   |                       |            |                |                           |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  Your expenses  4 \$ 750.00   | exp        | timate your ex<br>penses as of a | xpenses as of y                    | our bankr                | uptcy filing date unless y                              |                       |            |                |                           |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  750.00  4  | the        | value of sucl                    | h assistance an                    |                          |   |                       |            | Your eyn       | enses                     |
| payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. S  0.00  4d. Homeowner's association or condominium dues   | (Of        | TICIAI FORM 10                   | J6I.)                              |                          |   |                       |            | Tour exp       | Cliaca                    |
| 4a.Real estate taxes4a.\$4b.Property, homeowner's, or renter's insurance4b.\$4c.Home maintenance, repair, and upkeep expenses4c.\$4d.Homeowner's association or condominium dues4d.\$  | 4.         |                                  |                                    |                          |   | nclude first mortgage | 4.         | \$             | 750.00                    |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00  |            | If not include                   | ded in line 4:                     |                          |   |                       |            |                |                           |
| 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  0.00  0.00   |            | 4a. Real e                       | estate taxes                       |                          |   |                       | 4a.        | \$             | 0.00                      |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00  |            |                                  | •                                  |                          |   |                       |            | ·              |                           |
|  |            |                                  |                                    | •                        |   |                       |            | :              |                           |
|  | 5.         |                                  |                                    |                          |   | me equity loans       |            | ·              |                           |

| Debte<br>Debte |   | Case numb            | ber (if known) |                          |
|----------------|---|----------------------|----------------|--------------------------|
| 6.             | Utilities:  |                      |                |                          |
|                | 6a. Electricity, heat, natural gas  | 6a.                  | \$             | 270.00                   |
|                | 6b. Water, sewer, garbage collection  | 6b.                  | \$             | 25.00                    |
|                | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.                  | \$             | 370.00                   |
|                | 6d. Other. Specify:   | 6d.                  | \$             | 0.00                     |
| 7.             | Food and housekeeping supplies  | 7.                   | \$             | 500.00                   |
| 8.             | Childcare and children's education costs  | 8.                   | \$             | 0.00                     |
|                | Clothing, laundry, and dry cleaning   | 9.                   | \$             | 0.00                     |
| 10.            | Personal care products and services   | 10.                  | \$             | 0.00                     |
| 11.            | Medical and dental expenses   | 11.                  | \$             | 60.00                    |
|                | <b>Transportation.</b> Include gas, maintenance, bus or train fare.   | 40                   | Φ.             | 80.00                    |
|                | Do not include car payments.  | 12.                  | \$             |                          |
|                | Entertainment, clubs, recreation, newspapers, magazines, and  |                      | \$             | 0.00                     |
|                | 3 · · · · · · · · · · · · · · · · · · ·   | 14.                  | \$             | 0.00                     |
| -              | Insurance.  | 4 - 20               |                |                          |
|                | Do not include insurance deducted from your pay or included in line<br>15a. Life insurance  | es 4 or 20.<br>15a.  | ¢              | 0.00                     |
|                | 15b. Health insurance   | 15a.<br>15b.         | •              |                          |
|                | 15c. Vehicle insurance  | 15c.                 | \$             | 0.00                     |
|                | 15d. Other insurance. Specify:  | 15d.                 | \$             | 218.00                   |
|                | Taxes. Do not include taxes deducted from your pay or included in   |                      | Φ              | 0.00                     |
|                | Specify:  | 16.                  | \$             | 0.00                     |
|                | Installment or lease payments: 17a. Car payments for Vehicle 1  | 17a.                 | ¢              | 0.00                     |
|                |   | 17a.<br>17b.         | \$             | 0.00                     |
|                | 17b. Car payments for Vehicle 2   | 17b.<br>17c.         | \$             | 0.00                     |
|                | 17c. Other. Specify:  17d. Other. Specify:  | 17c.                 | \$             | 0.00                     |
|                |   |                      | Φ              | 0.00                     |
|                | Your payments of alimony, maintenance, and support that you deducted from your pay on line 5, Schedule I, Your Income (Of   |                      | \$             | 0.00                     |
|                | Other payments you make to support others who do not live w   | 1101411 01111 1001/1 | \$             | 0.00                     |
|                | Specify:  | 19.                  | •              |                          |
|                | Other real property expenses not included in lines 4 or 5 of this   | -                    | ur Income.     |                          |
|                | 20a. Mortgages on other property  | 20a.                 |                | 0.00                     |
|                | 20b. Real estate taxes  | 20b.                 | \$             | 0.00                     |
|                | 20c. Property, homeowner's, or renter's insurance   | 20c.                 | \$             | 0.00                     |
|                | 20d. Maintenance, repair, and upkeep expenses   | 20d.                 | \$             | 0.00                     |
|                | 20e. Homeowner's association or condominium dues  | 20e.                 | \$             | 0.00                     |
| 21.            | Other: Specify: Prescriptions   | 21.                  | +\$            | 45.00                    |
|                | <del></del>   |                      |                |                          |
|                | Calculate your monthly expenses   |                      | Φ.             | 0.040.00                 |
|                | 22a. Add lines 4 through 21.  | aial Farra 400 L 0   | \$             | 2,318.00                 |
|                | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Offi  | ciai Form 106J-2     | \$             |                          |
|                | 22c. Add line 22a and 22b. The result is your monthly expenses.   |                      | \$             | 2,318.00                 |
| 23.            | Calculate your monthly net income.  |                      |                |                          |
|                | 23a. Copy line 12 (your combined monthly income) from Schedule  | e I. 23a.            | \$             | 2,561.63                 |
|                | 23b. Copy your monthly expenses from line 22c above.  | 23b.                 | -\$            | 2,318.00                 |
|                | Continue to the second |                      |                |                          |
|                | 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  | 23c.                 | \$             | 243.63                   |
|                | Do you expect an increase or decrease in your expenses within For example, do you expect to finish paying for your car loan within the year modification to the terms of your mortgage?  No.  |                      |                | or decrease because of a |
|                | Yes. Explain here:  |                      | <del></del>    |                          |

| Fill in this infor      | mation to identify your                               | case:                       |   |                                       |
|-------------------------|---|-----------------------------|---|---------------------------------------|
| Debtor 1                | Moises Galindo  |                             |   |                                       |
|                         | First Name  | Middle Name                 | Last Name   |                                       |
| Debtor 2                | Yolanda Lira de (                                     | Galindo                     |   |                                       |
| (Spouse if, filing)     | First Name  | Middle Name                 | Last Name   |                                       |
| United States Ba        | ankruptcy Court for the:                              | DISTRICT OF NEVADA          |   |                                       |
| Case number             |   |                             |   |                                       |
| (if known)              |   |                             |   | ☐ Check if this is an                 |
|                         |   |                             |   | amended filing                        |
| Official Ford Declarate |   | an Individual I             | Debtor's Schedules  | 12/15                                 |
| If two married p        | eople are filing togethe                              | r. both are equally respons | sible for supplying correct information.                  |                                       |
| ·                       |   |                             |   |                                       |
|                         |   |                             | or amended schedules. Making a false sta                  |                                       |
|                         | y or property by fraud i<br> 8 U.S.C. §§ 152, 1341, 1 |                             | uptcy case can result in fines up to \$250,               | 000, or imprisonment for up to 20     |
| ,                       |   |                             |   |                                       |
|                         |   |                             |   |                                       |
| Sig                     | n Below   |                             |   |                                       |
|                         |   |                             |   |                                       |
| Did you pa              | ay or agree to pay some                               | one who is NOT an attorne   | ey to help you fill out bankruptcy forms?                 |                                       |
| ■ No                    |   |                             |   |                                       |
| □ Yes.                  | Name of person  |                             | Attach Ba   | ankruptcy Petition Preparer's Notice, |
| <u> </u>                |   |                             |   | on, and Signature (Official Form 119) |
|                         |   |                             |   |                                       |
|                         | alty of perjury, I declare<br>re true and correct.    | that I have read the summ   | ary and schedules filed with this declara                 | tion and                              |
| Y /o/ M-                | icas Calinda  |                             | Y /c/ Volanda Lira de Calinda                             |                                       |
|                         | ises Galindo<br>s Galindo                             |                             | X _/s/ Yolanda Lira de Galindo<br>Yolanda Lira de Galindo | 1                                     |
|                         | ire of Debtor 1                                       |                             | Signature of Debtor 2                                     |                                       |
|                         |   |                             |   |                                       |

Date March 29, 2019

Date March 29, 2019

|                     |  | mation to identify you                         | case:                                      |   |  |   |
|---------------------|--|--|--|---|--|---|
| Dei                 | otor 1   | Moises Galindo First Name                      | Middle Name                                | Last Name                                       |  |   |
| Del                 | otor 2   | Yolanda Lira de                                | Galindo                                    |   |  |   |
| (Spc                | ouse if, filing)   | First Name                                     | Middle Name                                | Last Name                                       |  |   |
| Uni                 | ted States Ba  | ankruptcy Court for the:                       | DISTRICT OF NEVADA                         |   |  |   |
|                     | se number<br>nown)   |  |  |   | _  | Check if this is an imended filing                    |
| Sta<br>Be a<br>info | atement<br>as complete<br>rmation. If r  | and accurate as possi<br>nore space is needed, | attach a separate sheet to                 | are filing together, both a                     | Bankruptcy<br>re equally responsible for sup<br>ny additional pages, write you |   |
|                     |  | n). Answer every ques<br>Details About Your Ma | stion.<br>rital Status and Where Yoບ       | ı Lived Before                                  |  |   |
| 1.                  |  | ır current marital statu                       |  |   |  |   |
|                     | ■ Married Not ma   | -  |  |   |  |   |
| 2.                  | During the   | last 3 years, have you                         | lived anywhere other than                  | where you live now?                             |  |   |
|                     | ■ No □ Yes. Li   | st all of the places you I                     | ived in the last 3 years. Do n             | ot include where you live no                    | ow.  |   |
|                     | Debtor 1 P   | rior Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior A                                | Address:   | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state  |  |  |  |   | unity property state or territory<br>Rico, Texas, Washington and V             |   |
|                     | ■ No   | alsa assas sasa (ill assas Oak                 | on dada III Vanno On daktona (O            | (": '-  Fares 400U)                             |  |   |
|                     | ☐ Yes. M   | ake sure you fill out Sch                      | nedule H: Your Codebtors (O                | fficial Form 106H).                             |  |   |
| Par                 | t 2 Expla  | in the Sources of You                          | r Income                                   |   |  |   |
| 4.                  | 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |  |  |   |  |   |
|                     | □ No   |  |  |   |  |   |
|                     | Yes. Fi  | Il in the details.                             |  |   |  |   |
|                     |  |  | Debtor 1                                   |   | Debtor 2   |   |
|                     |  |  | Sources of income<br>Check all that apply. | Gross income (before deductions and exclusions) | Sources of income<br>Check all that apply.                                     | Gross income<br>(before deductions<br>and exclusions) |
|                     |  | of current year until<br>ed for bankruptcy:    | ☐ Wages, commissions, bonuses, tips        | \$0.00  | ■ Wages, commissions, bonuses, tips  | \$4,152.84  |
|                     |  |  | ☐ Operating a business                     |   | ☐ Operating a business   |   |

Official Form 107

|     |   | ises Galir<br>Ianda Lira   | ido<br>de Galindo |  |  | Case r    | number (if known)                     |             |   |
|-----|---|----------------------------|-------------------|--|--|-----------|---------------------------------------|-------------|---|
|     |   |                            |                   | Debtor 1   |  |           | Debtor 2                              |             |   |
|     |   |                            |                   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions a<br>exclusions)            |           | Sources of inco<br>Check all that app |             | Gross income<br>(before deductions<br>and exclusions) |
|     | r last calen<br>nuary 1 to  | dar year:<br>December :    | 31, 2018 )        | ☐ Wages, commissions, bonuses, tips  | \$0  | .00       | ■ Wages, comm<br>bonuses, tips        | issions,    | \$36,632.52   |
|     |   |                            |                   | ☐ Operating a business   |  |           | ☐ Operating a bu                      | usiness     |   |
|     |   | dar year bet<br>December : |                   | ☐ Wages, commissions, bonuses, tips  | \$0  | .00       | ■ Wages, comm<br>bonuses, tips        | issions,    | \$34,560.00   |
|     |   |                            |                   | ☐ Operating a business   |  |           | ☐ Operating a bu                      | usiness     |   |
|     | ■ No  | source and to              | ŭ                 | ne from each source separa   | tely. Do not include inco                                      | ome tha   | t you listed in line                  | 4.          |   |
|     |   |                            |                   | Debtor 1   |  |           | Debtor 2                              |             |   |
|     |   |                            |                   | Sources of income Describe below.  | Gross income from each source (before deductions a exclusions) |           | Sources of incor<br>Describe below.   | me          | Gross income<br>(before deductions<br>and exclusions) |
| Pai | rt 3: List  | Certain Pa                 | yments You I      | Made Before You Filed for  | Bankruptcy   |           |                                       |             |   |
| 6.  | Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?  No. Go to line 7.  Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, not include payments to an attorney for this bankruptcy case. |                            |                   |  |  |           | e total amount you                    |             |   |
|     |   | * Subject t                | o adjustment      | on 4/01/19 and every 3 years   | s after that for cases file                                    | ed on or  | after the date of a                   | adjustment. |   |
|     | Yes.  |                            |                   | both have primarily consule you filed for bankruptcy, di                               |  | a total o | of \$600 or more?                     |             |   |
|     |   | ■ No.                      | Go to line 7.     |  |  |           |                                       |             |   |
|     |   | □ Yes                      | include payn      | ach creditor to whom you pai<br>nents for domestic support of<br>this bankruptcy case. |  |           |                                       |             |   |
|     | Creditor'   | s Name and                 | l Address         | Dates of payme   | nt Total amou  |           | Amount you still owe                  | Was this pa | ayment for  |

| Debtor 1<br>Debtor 2  | Moises Galindo<br>Yolanda Lira de Galindo   |   | Cas  | se number (if known)                        |                                   |  |
|---|---|---|--|---|-----------------------------------|--|
| 7. Within 1 year before you filed for bankruptor<br>Insiders include your relatives; any general pa<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 1<br>alimony.                                       |   | rtners; relatives of any ger<br>control, or owner of 20% of | eral partners; partners partners of their voting             | erships of which yog<br>g securities; and a | ou are a genera<br>any managing a | I partner; corporations<br>gent, including one for |
|   | No<br>Van Listallananna tatana insidan  |   |  |   |                                   |  |
|   | Yes. List all payments to an insider. der's Name and Address  | Dates of payment  | Total amount   | Amount you                                  | Reason for                        | this payment                                       |
| insid   | in 1 year before you filed for bankruptoler? de payments on debts guaranteed or cos   |   | paid<br>ments or transfer a                                  | still owe                                   | account of a de                   | ebt that benefited an                              |
| •   | No<br>Yes. List all payments to an insider  | o ,   |  |   |                                   |  |
|   | der's Name and Address  | Dates of payment  | Total amount paid  | Amount you still owe                        | Reason for Include cred           | this payment<br>itor's name                        |
| Part 4:   | Identify Legal Actions, Repossession  | ns, and Foreclosures  |  |   |                                   |  |
| List a<br>modi  | in 1 year before you filed for bankrupto<br>all such matters, including personal injury<br>fications, and contract disputes.  No  Yes. Fill in the details. |   |  |   |                                   |  |
|   | e title<br>e number   | Nature of the case  | Court or agency  |   | Status of the case                |  |
| Sta<br>vs.<br>Mo  | te Farm Insurance Company<br>dises Galindo<br>7-760474-C  | Lawsuit   | Justice Court,<br>Township<br>200 Lewis Ave<br>Las Vegas, NV | nue   | ■ Pending □ On appe □ Conclude    | ed   |
|   |   |   |  |   | Amended<br>Judgment               |  |
| Chec  | in 1 year before you filed for bankruptook all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.            | cy, was any of your prope                                   | erty repossessed, f  | oreclosed, garni                            | shed, attached                    | , seized, or levied?                               |
| Cree  | ditor Name and Address  | Describe the Property                                       |  | Date  | 1                                 | Value of the property                              |
|   |   | Explain what happened                                       | d  |   |                                   | property   |
| <ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any a accounts or refuse to make a payment because you owed a debt?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   | mounts from your  |  |   |                                   |  |
|   | ditor Name and Address  | Describe the action the                                     | creditor took  | Date<br>take                                | action was                        | Amount   |
| cour  | in 1 year before you filed for bankrupto<br>t-appointed receiver, a custodian, or a<br>No<br>Yes  |   | erty in the possess  |   |                                   | fit of creditors, a                                |

|     | btor 1 Moises Galindo btor 2 Yolanda Lira de Galindo   | Case number   | (if known)                              |                         |
|-----|--|---|---|-------------------------|
| Pai | rt 5: List Certain Gifts and Contributions   |   |   |                         |
| 13. | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600      | cy, did you give any gifts with a total value of more the Describe the gifts  | nan \$600 per person?  Dates you gave   | Value                   |
|     | per person  Person to Whom You Gave the Gift and Address:  | Describe the girts  | the gifts                               | value                   |
| 14. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or cont  | cy, did you give any gifts or contributions with a tota   | l value of more than                    | \$600 to any charity?   |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)           |   | Dates you contributed                   | Value                   |
| Pa  | rt 6: List Certain Losses  |   |   |                         |
| 15. | Within 1 year before you filed for bankruptor gambling?  No Yes. Fill in the details.  | y or since you filed for bankruptcy, did you lose anyt  | hing because of thef                    | t, fire, other disaster |
|     | Describe the property you lost and how the loss occurred   | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost  |
| Pa  | rt 7: List Certain Payments or Transfers   |   |   |                         |
| 16. | consulted about seeking bankruptcy or pre  | y, did you or anyone else acting on your behalf pay oparing a bankruptcy petition? parers, or credit counseling agencies for services required          | , , ,                                   | rty to anyone you       |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |   |   |                         |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                      | Description and value of any property transferred   | Date payment or transfer was made       | Amount of payment       |
|     | Eric Palacios & Associates, Ltd.<br>2050 S. Eastern Ave.<br>Las Vegas, NV 89104<br>epabk1@gmail.com  | Attorney Fees   | February 5,<br>2019                     | \$1,084.00              |
| 17. | Within 1 year before you filed for bankruptor promised to help you deal with your creditor Do not include any payment or transfer that you |   | or transfer any prope                   | rty to anyone who       |
|     | ■ No □ Yes. Fill in the details.   |   |   |                         |
|     | Person Who Was Paid<br>Address   | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment       |

**Moises Galindo** Debtor 1

Yolanda Lira de Galindo Debtor 2

Case number (if known)

| <b>tr</b><br>Ir | 3. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |   |  |   |                                       |    |
|-----------------|--|---|---|--|---|---------------------------------------|----|
| _               | _  |   |   |  |   |                                       |    |
|                 | Person Who Received Transfer<br>Address  | Description and v   |   | payme  | ibe any property or<br>ents received or debts<br>n exchange | Date transfer wa                      | as |
| I               | Person's relationship to you   |   |   |  | -   |                                       |    |
|                 | /ithin 10 years before you filed for bankrup eneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.  |   | y property to a                         | self-settled   | d trust or similar device                                   | of which you are a                    | 1  |
| _               | Name of trust  | Description and v   | alue of the pro                         | perty trans  | ferred  | Date Transfer w                       | as |
|                 |  | Doddingston und v   | and or mo pro                           | porty traile   | 101104  | made                                  | u  |
| Part 8          | List of Certain Financial Accounts, Ins  | struments, Safe Deposit   | Boxes, and St                           | orage Unit   | S   |                                       |    |
| 20. <b>V</b>    | /ithin 1 year before you filed for bankruptc   | v were any financial ac   | counts or instr                         | uments he  | ld in your name, or for y                                   | our benefit, closed                   | 4. |
| s<br>Ir         | old, moved, or transferred?<br>nclude checking, savings, money market, o<br>ouses, pension funds, cooperatives, assoc  | or other financial accou  | nts; certificates                       | s of deposit   |   |                                       |    |
|                 | Yes. Fill in the details.  |   |   |  |   |                                       |    |
|                 | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number Type of account number instrument             |   | ount or Date account was closed, sold, moved, or transferred |   | Last balan<br>before closing<br>trans | or |
|                 | o you now have, or did you have within 1 yash, or other valuables?   | year before you filed for   | bankruptcy, a                           | ny safe dep  | osit box or other depos                                     | sitory for securities                 | ۶, |
|                 | No Yes. Fill in the details.   |   |   |  |   |                                       |    |
|                 | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had access to it? Address (Number, Street, City, State and ZIP Code) |   | Describe the contents  |   | Do you still have it?                 |    |
| 22. <b>H</b>    | ave you stored property in a storage unit c  | or place other than your  | home within 1                           | year befor   | e you filed for bankrupt                                    | cy?                                   |    |
|                 | No Yes. Fill in the details.   |   |   |  |   |                                       |    |
|                 | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | to it?  | o it?<br>Address (Number, Street, City, |  | the contents  | Do you still have it?                 |    |
| Part 9          | Identify Property You Hold or Control  | for Someone Else  |   |  |   |                                       |    |
|                 | o you hold or control any property that so<br>or someone.  |   | ude any proper                          | ty you borr  | owed from, are storing                                      | for, or hold in trus                  | t  |
|                 | No Yes. Fill in the details.   |   |   |  |   |                                       |    |
|                 | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                        |   | Describe t   | the property  | Val                                   | ue |
| Part 1          | 0: Give Details About Environmental Info   | ormation  |   |  |   |                                       |    |
| For th          | e purpose of Part 10, the following definition   | ons apply:  |   |  |   |                                       |    |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

**Moises Galindo** Debtor 1

Debtor 2 Yolanda Lira de Galindo Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? п Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial

Part 12: Sign Below

Name

Address

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

**Date Issued** 

institutions, creditors, or other parties.

☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

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**Moises Galindo** Debtor 1 Case number (if known) Debtor 2 Yolanda Lira de Galindo are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Moises Galindo /s/ Yolanda Lira de Galindo Yolanda Lira de Galindo **Moises Galindo** Signature of Debtor 1 Signature of Debtor 2 Date March 29, 2019 Date March 29, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

3/29/19 9:44AM

| Fill in this information to identify your case: |                   |                    |           |                                      |  |  |  |
|---|-------------------|--------------------|-----------|--------------------------------------|--|--|--|
| Debtor 1  | Moises Galindo    |                    |           |                                      |  |  |  |
|   | First Name        | Middle Name        | Last Name |                                      |  |  |  |
| Debtor 2  | Yolanda Lira de C | Salindo            |           |                                      |  |  |  |
| (Spouse if, filing)                             | First Name        | Middle Name        | Last Name |                                      |  |  |  |
| United States Bankruptcy Court for the:         |                   | DISTRICT OF NEVADA |           |                                      |  |  |  |
| Case number                                     |                   |                    |           |                                      |  |  |  |
| (if known)                                      |                   |                    |           | ☐ Check if this is an amended filing |  |  |  |
|   |                   |                    |           |                                      |  |  |  |

#### Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.   |   |
| Description of property                                   | <ul><li>☐ Retain the property and enter into a<br/>Reaffirmation Agreement.</li><li>☐ Retain the property and [explain]:</li></ul> | ☐ Yes   |
| securing debt:  | — Retain the property and [explain].   |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.   |   |
| Description of  | Retain the property and enter into a<br>Reaffirmation Agreement.   | ☐ Yes   |
| property securing debt:                                   | ☐ Retain the property and [explain]:   |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | Retain the property and redeem it.   | _   |
| Description of  | Retain the property and enter into a<br>Reaffirmation Agreement.   | ☐ Yes   |
| property securing debt:                                   | ☐ Retain the property and [explain]:   |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debtor 1             |   | Cons number (1)  |                                       |
|----------------------|---|--|---------------------------------------|
| Debtor 2             | Yolanda Lira de Galindo                           | Case number (if kno  | own)                                  |
| name                 | :   | ☐ Retain the property and redeem it.   | ☐ Yes                                 |
| Descr                | ription of  | Retain the property and enter into a<br>Reaffirmation Agreement.   |                                       |
| prope                | rty   | Retain the property and [explain]:   |                                       |
| securi               | ing debt:   |  |                                       |
| Part 2:              | List Your Unexpired Personal Property             | Leases   |                                       |
| n the inf            | formation below. Do not list real estate lea      | u listed in Schedule G: Executory Contracts and Unex<br>uses. Unexpired leases are leases that are still in effect<br>lease if the trustee does not assume it. 11 U.S.C. § 365 | ; the lease period has not yet ended. |
| Describ              | e your unexpired personal property lease          | s  | Will the lease be assumed?            |
| Lessor's             |   |  | □ No                                  |
|                      | ion of leased                                     |  | _                                     |
| Property             | <i>i</i> .  |  | ☐ Yes                                 |
| Lessor's             | name:   |  | □ No                                  |
|                      | ion of leased                                     |  |                                       |
| Property             | 7.  |  | ☐ Yes                                 |
| Lessor's             | name:   |  | □ No                                  |
|                      | ion of leased                                     |  | _                                     |
| Property             | 7.  |  | ☐ Yes                                 |
| Lessor's             | name:   |  | □ No                                  |
| Descript<br>Property | ion of leased                                     |  |                                       |
| riopeity             | ·   |  | ☐ Yes                                 |
| Lessor's             |   |  | □ No                                  |
| Descript<br>Property | ion of leased                                     |  |                                       |
| гторенц              | ·   |  | ☐ Yes                                 |
| Lessor's             | name:<br>ion of leased                            |  | □ No                                  |
| Property             |   |  | ☐ Yes                                 |
| Lessor's             | name:   |  | □ No                                  |
|                      | ion of leased                                     |  |                                       |
| Property             | r.  |  | ☐ Yes                                 |
| Part 3:              | Sign Below  |  |                                       |
|                      | enalty of perjury, I declare that I have indicent | cated my intention about any property of my estate that  | t secures a debt and any personal     |
|                      | Moises Galindo                                    | χ /s/ Yolanda Lira de Galindo  | )                                     |
|                      | pises Galindo                                     | Yolanda Lira de Galindo  | ·                                     |
|                      | nature of Debtor 1                                | Signature of Debtor 2  |                                       |
| Dat                  | te March 29, 2019                                 | Date <b>March 29, 2019</b>   |                                       |

Official Form 108

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court District of Nevada

| In   | Moises Galindo re Yolanda Lira de Galindo  |  | Case No  |                      |                   |  |
|------|--|--|--|----------------------|-------------------|--|
|      | Totalida Ella de Gallido   | Debtor(s)  | Chapter  | 7                    |                   |  |
|      | DICCLOCUDE OF COMBEN   |  |  | EDTOD(C)             |                   |  |
|      | DISCLOSURE OF COMPEN   |  |  | . ,                  |                   |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of   | of the petition in bankruptcy  | , or agreed to be pai  | d to me, for service |                   |  |
|      | For legal services, I have agreed to accept  |  | \$   | 1,084.00             |                   |  |
|      | Prior to the filing of this statement I have received  |  | \$   | 1,084.00             |                   |  |
|      | Balance Due  |  |  | 0.00                 |                   |  |
| 2.   | \$335.00 of the filing fee has been paid.  |  |  |                      |                   |  |
| 3.   | The source of the compensation paid to me was:   |  |  |                      |                   |  |
|      | ■ Debtor □ Other (specify):  |  |  |                      |                   |  |
| 4.   | The source of compensation to be paid to me is:  |  |  |                      |                   |  |
|      | ■ Debtor □ Other (specify):  |  |  |                      |                   |  |
|      |  |  |  |                      |                   |  |
| 5.   | ■ I have not agreed to share the above-disclosed compe   | nsation with any other persor  | unless they are me   | mbers and associate  | s of my law firm. |  |
|      | ☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name   |  |  |                      | ny law firm. A    |  |
| 6.   | In return for the above-disclosed fee, I have agreed to ren  | render legal service for all aspects of the bankruptcy case, including:  |  |                      |                   |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and renders</li> <li>b. Preparation and filing of any petition, schedules, states</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to re reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on hour</li> </ul> | ment of affairs and plan which<br>is and confirmation hearing, a<br>duce to market value; ex<br>its as needed; preparation | h may be required;<br>and any adjourned he<br>emption planning | earings thereof;     | nd filing of      |  |
| 7.   | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any disc<br>any other adversary proceeding.   | does not include the followin<br>chargeability actions, jud  | g service:<br>licial lien avoidan                              | ces, relief from s   | stay actions or   |  |
|      |  | CERTIFICATION  |  |                      |                   |  |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding.   | agreement or arrangement fo  | r payment to me for  | representation of th | ne debtor(s) in   |  |
|      | March 29, 2019   | /s/ Eric Palacios  |  |                      |                   |  |
|      | Date   | Eric Palacios 71. Signature of Attorn Eric Palacios & A 2050 S. Eastern Las Vegas, NV 8 702-444-7777 F                     | ey<br>Associates, Ltd.<br>Ave.                                 |                      |                   |  |
|      |  | epabk1@gmail.c   |  |                      |                   |  |

# **United States Bankruptcy Court District of Nevada**

| _      | Moises Galindo          |  | a        |                     |
|--------|-------------------------|--|----------|---------------------|
| In re  | Yolanda Lira de Galindo |  | Case No. |                     |
|        |                         | Debtor(s)  | Chapter  | 7                   |
| Γhe ab |                         | RIFICATION OF CREDITOR M  y that the attached list of creditors is true and cor. |          | of their knowledge. |
| Date:  | March 29, 2019          | /s/ Moises Galindo   |          |                     |
|        |                         | Moises Galindo   |          |                     |
|        |                         | Signature of Debtor  |          |                     |
| Date:  | March 29, 2019          | /s/ Yolanda Lira de Galindo  |          |                     |
|        |                         | Yolanda Lira de Galindo  |          |                     |

Signature of Debtor

Moises Galindo Yolanda Lira de Galindo 6300 W. Tropicana Ave, Trlr #145 Las Vegas, NV 89103

Eric Palacios Eric Palacios & Associates, Ltd. 2050 S. Eastern Ave. Las Vegas, NV 89104

Aargon Agency Attn: Bankruptcy Department 8668 Spring Mountain Rd Las Vegas, NV 89117

Ad Astra Recovery 7330 West 33rd Street North Suite 118 Wichita, KS 67205

Allied Collection Services Attn: Bankruptcy 3080 South Durango Drive Suite 208 Las Vegas, NV 89117

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cc Coll Svc 8860 W Sunset Rd Ste 100 Las Vegas, NV 89148

Check City POB 35227 Las Vegas, NV 89133-5227

Clark County Treasurer 500 S. Grand Central Parkway POB 551220 Las Vegas, NV 89155-1220

Clinical Pathology Laboratories, Inc PO Box 141669 Austin, TX 78714-1669

Cnac- Nv101 3105 E Sahara Ave Las Vegas, NV 89119

Conns Credit Corp

Conns Credit Corp Box 2356 Beaumont, TX 77704

Credence Resource Management Po Box 2300 Southgate, MI 48195

Credit Collection Services Attn: Bankruptcy 725 Canton St Norwood, MA 02062

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Department of Employment, Trianing and Rehab Employment Security Division 500 E. Third Street Carson City, NV 89713

Dish Network POB 7203 Pasadena, CA 91109-7303

Dollar Loan Center Attn: Bankruptcy 8860 West Sunset Road Las Vegas, NV 89148

Easy Advance c/o Republic Bank & Trust Company 601 West Market Street Louisville, KY 40202

ERC
PO Box 57610
Jacksonville, FL 32241

Fingerhut Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 GC Services Ltd. Partnership Collection Agency Division 6330 Gulfton Bryan, TX 77801

Genesis Bc/celtic Bank Attn: Bankruptcy 268 South State Street Ste 300 Salt Lake City, UT 84111

InBox Loan PO Box 881 Santa Rosa, CA 95402

Lisa A. Taylor, Esq. 5664 N. Rainbow Blvd Las Vegas, NV 89130

Loan Max 3420 Desert Inn Rd Las Vegas, NV 89119

LVNV Funding/Resurgent Capital Attn: Bankruptcy Po Box 10497 Greenville, SC 29603

MidAmerica Bank & Trust Company Attn: Bankruptcy 216 West Second St Dixon, MO 65459

Money Tree POB 58363 Seattle, WA 98138

Nevada Department of Taxation Bankruptcy Section 555 E. Washington Avenue Suite #1300 Las Vegas, NV 89101

Oportun Attn: Bankruptcy Po Box 4085 Menlo Park, CA 94026

Progressive Leasing 256 W Data Drive Draper, UT 84020

Receivables Performance Mgmt Attn: Bankruptcy Po Box 1548 Lynnwood, WA 98036 Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Spring Valley Hospital Medical Center 3075 E. Imperial Hwy Suite #200 Brea, CA 92821

State Farm Insurance Company c/o Law Office of Lias A. Taylor 5664 N. Rainbow Blvd Las Vegas, NV 89130

State of Nevada Dept. of Motor Vehicles Attn: Legal Division 555 Wright Way Carson City, NV 89711

United State Trustee 300 Las Vegas Blvd, South Suite #4300 Las Vegas, NV 89101

United States Attorney's Office Attn: Civil Process Clerk 333 Las Vegas Blvd, South Las Vegas, NV 89101

Us Bank Pobox 5229 Cincinnati, OH 45201